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STATE PLAN FOR PERSONS WITH
DEVELOPMENTAL DISABILITIES

PLANNING 
FOR THE
FUTURE OF SERVICES
IN MONTANA

1998 - 2000

State of Montana

*The Developmental Disabilities
Planning and Advisory Council*

and

The Department of Health and Human Services

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STATE PLAN
FOR
PERSONS
WITH
DEVELOPMENTAL DISABILITIES
FOR
FISCAL YEARS 1998 - 2000

1998

Fiscal Year

State of Montana

PREPARED AND SUBMITTED BY:

The Developmental Disabilities Planning and Advisory Council, in consultation with the State of Montana Department of Public Health and Human Services

Greg A. Olsen, Executive Director
State of Montana
Developmental Disabilities
Planning and Advisory Council

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State of Montana
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August 15, 1997

TABLE OF CONTENTS

INTRODUCTION	1
SECTION I	
Definition And Impact	
Developmental Disabilities in Montana	2
Philosophy and Mission of the Developmental Disabilities Planning and Advisory Council	2
Application of the Federal Definition of Developmental Disabilities By The State of Montana	2
The Number of Persons With Developmental Disabilities in Montana	6
SECTION II	
State Program Organization	10
The Organization of the Montana Developmental Disabilities Planning and	10
Advisory Council and the Role of the Developmental Disabilities Basic State Grant Program	
Council Membership	12
Members of the Montana Developmental Disabilities Planning and	16
Advisory Council	
Staff of the Developmental Disabilities Planning and Advisory Council	18
Role of the Developmental Disabilities Planning and Advisory Council	19
in the Service System	
Overview of the Status of Services in Montana	19
The Designated State Administering Agency	23
SECTION III	
The Scope of Developmental Disabilities Services in Montana	26
An Overview of Federal, State and Private Non-Profit Programs Affecting the	26
Developmental Disabilities System in Montana	
Selection of Federal Priority Areas	77
Unserved and Underserved Groups Needing Services	81
The State Plan Review Process	83
SECTION IV	
The Goals, Objectives and Activities of the Montana State Plan	86
Goals, Objectives and Activities of the 1998 - 2000 Montana State Plan for	86
Persons with Developmental Disabilities	
SECTION V	
Assurances	94
SECTION VI	
Budget Data	97
SECTION VII	
Appendices	98



INTRODUCTION

Every three years, the State of Montana Developmental Disabilities Planning and Advisory Council is required by federal law to provide the Department of Health and Human Services, Administration on Children and Families, Administration on Developmental Disabilities, with a plan detailing the Council's efforts for the upcoming period.

The Plan has two major purposes.

First, it serves as a review of the existing service system in the State, in which the needs of those receiving or in need of service are evaluated, goals and objectives are determined in response to those needs and efforts to implement change to meet the needs are undertaken by the Council.

Second, the Plan is required by the United States Department of Health and Human Services Administration on Children and Families as a condition to participation in the Basic State Grant Program of Public Law 104-183, The Developmental Disabilities Assistance and Bill of Rights Act of 1996.

This Plan was developed through the efforts of the Council and its' staff, the designated state administering agency for the Council (the Department of Public Health and Human Services), input from other State agencies, and a variety of groups and organizations providing and/or advocating for services throughout Montana. We hope that the effort was effective in assessing the status and needs of persons with developmental disabilities and that it will be effective in providing a blueprint for the future.

SECTION I

Definition and Impact

Developmental Disabilities in Montana

Philosophy and Mission of the Developmental Disabilities Planning and Advisory Council

The State of Montana Developmental Disabilities Planning and Advisory Council believes:

that all persons have the potential to direct their own lives and are strengthened by the opportunity to do so;

- that all persons can make positive contributions to society and must have the opportunity to interact with the community to do so;

that all persons can be productive members of the community in which they live, and may need initial assistance to achieve this status;

that all persons should be provided with individualized assistance that will give them the skills and abilities to achieve these opportunities;

in order to assist persons with developmental disabilities and their families in achieving these goals, the Council advocates for the expansion of and improvement of services and supports for persons with developmental disabilities and provides advice and input as to the manner in which these improvements can best be achieved.

Application of the Federal Definition of Developmental Disabilities by the State of Montana

The Developmental Disabilities Bill of Rights and Assistance Act, as amended in 1996 by Public Law 104-183, defines developmental disabilities as:

The term "developmental disability" means a severe, chronic disability of a person 5 years of age or older which—

(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(B) is manifested before the person attains age twenty-two;

(C) is likely to continue indefinitely;

(D) results in functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-

direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and

(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

Montana's definition of developmental disabilities, according to Title 53 Chapter 20 Part 202 of the Montana Code Annotated, is:

Developmental disabilities means disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurological handicapping condition closely related to mental retardation and requiring treatment similar to that required by mentally retarded individuals if the disability originated before the person attained age 18, has continued or can be expected to continue indefinitely, and constitutes a substantial handicap of the person.

The Montana definition, and corresponding statutes relating to the provision of services, was written as a part of the Montana Developmental Disabilities Services and Facilities Act of 1974, at a time when the federal and the majority of other state definitions were similar to the Montana law. In 1978, research into the causes and treatment of developmental disabilities resulted in a change in the federal law, removing the "categorical" requirement (e.g. mental retardation, autism, cerebral palsy etc.) and replacing those diagnoses with more general statements regarding the presence of a mental and/or physical disability and extent and severity of the results of the disability.

Since the time that the federal definition was rewritten, the difference between the two has usually been considered to be one of "category versus effect". That is, the Montana definition has been generally considered to rely on the presence of a diagnosed condition while the federal defines eligibility based upon the extent of the disability and its' impact on the person's life. This is not necessarily the case.

An examination of the definitions shows that both require:

1. a mental or physical disability. (The Montana definition could conceivably allow eligibility for a person with a primary diagnosis of some form of physical

disability if that resulted in a secondary disability similar to mental retardation and requiring treatment of a sort similar to that necessary for a person with mental retardation. A possible example would be some form of degenerative muscular disease that is accompanied by lessened cognitive functioning. This might be acceptable assuming the age of onset requirement was met. In any event, the number of persons eligible for services in this manner would be extremely small.)

2. that the disability be present before a specified age (the age limit is eighteen for the state definition and twenty-two for the federal),
3. that there be an indefinite continuation of the disability and
4. the disability have a substantial impact on the person.

It is the Montana requirement that treatment similar to that needed by persons with mental retardation be necessary for a person to be eligible for services that constitutes the real difference in eligibility. Practically, this service level requirement has prevented many persons from receiving developmental disabilities services because the treatment that they need is not similar to that required for a person with mental retardation. The test for eligibility in Montana has become:

1. the presence of a diagnosis of mental retardation, or;
2. the presence of a diagnosis of cerebral palsy, autism or other neurological handicap that also requires treatment similar to that required for a person with mental retardation.

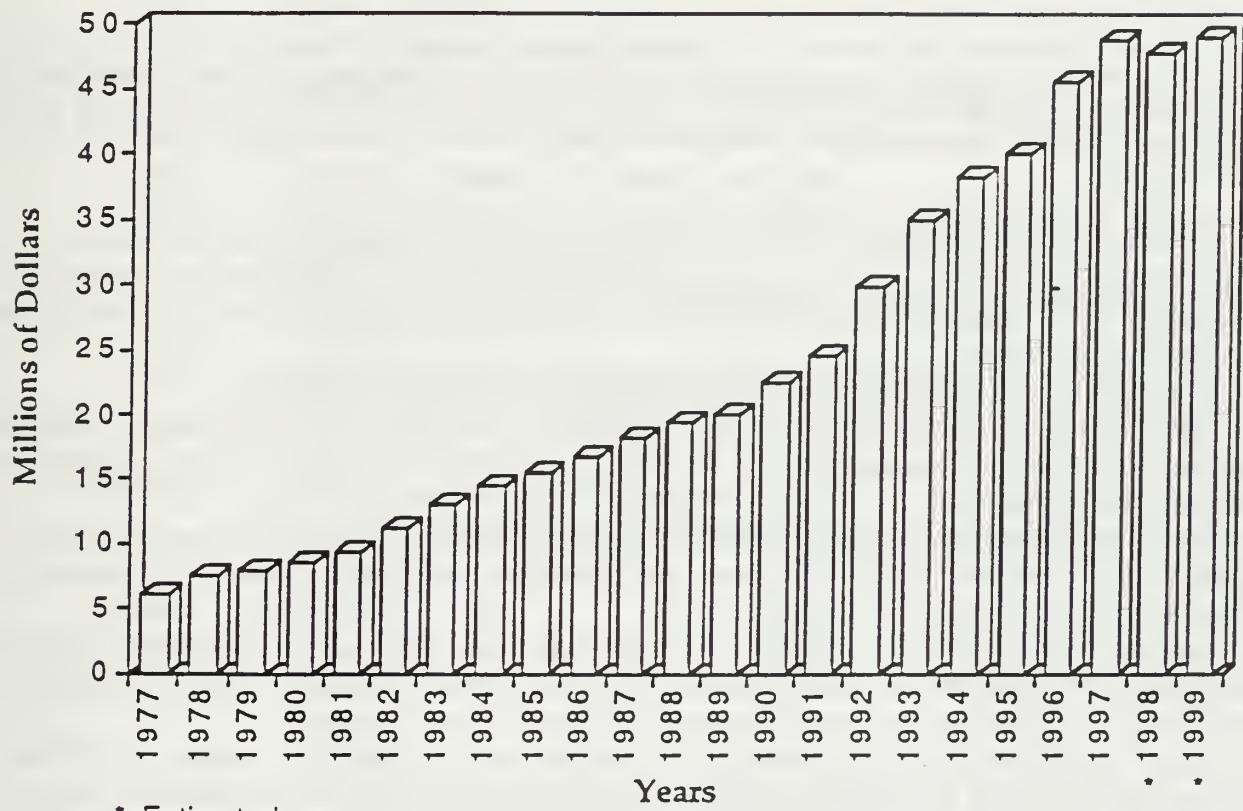
As such, persons with a disability who do not meet the level of treatment requirement are not eligible for services. This would include persons with epilepsy, cerebral palsy, deafness, blindness, learning disabilities, mental illness with an identifiable organic cause and other disabilities, who are within normal limits intellectually or cognitively. A practical application of the federal definition, while requiring substantial functional limitations in three or more listed areas of the person's life, does not require as stringent a level of limitation for eligibility as the Montana requirement.

With the exception of agencies operating under Public Law 104-183, the State of Montana does not follow the federal definition in determining eligibility for state operated or contracted developmental disabilities services.

A significant issue in determining whether or not the State of Montana could or should make the switch to the federal definition of developmental disabilities is cost. While it is clear that the State has continually and significantly expanded the level of program expenditures (a 800% increase in funding for services in the state since 1977) (See Graph below)¹, it is equally clear that the number of persons who are in need of and desire services under the current state definition continues to rise at an equally impressive rate. The number of persons waiting for services has risen from approximately 250 in 1978 to 1068 in February of 1997.² The growth in this number is a function of several variables; the maturing of the system, of improved methods of identifying persons in need, of improved services that more closely reflect the life style

of persons without disabilities, improvement in communicating the availability of these services and, most recently, an increase in the number of persons moving into the state. The numbers of persons waiting for services appears to continue to grow, even though continuing attempts are made to increase the availability of services.

Community Spending in Montana 1977 - 1999



* Estimated

Given the increases in funding over the last 22 years it is fair to state that Montana's commitment to persons with developmental disabilities is strong. However, given current economic conditions and a realistic analysis of the state's ability to fiscally provide for an increase in the number of persons in the system, it is fair to say that Montana is making reasonable attempts to provide necessary services to persons desiring them. Opponents to adoption of the federal definition maintain that adding persons eligible under the federal definition to Montana's waiting list would strain an already stretched system to the limit. Proponents believe that adding more persons to the list would help the state to identify the seriousness of the problem and point out the need for expanded services.

The Council applies the federal definition of developmental disabilities in all of its' activities, from the planning and coordination of goals and objectives to the awarding of grant funds and the evaluation of the resulting projects. In their relationship with the Council, all State and private organizations and agencies also accept the federal definition. The Council has sought to expand services to include persons who are not

considered eligible for developmental disabilities services in this state. These efforts, have proven moderately successful in that projects have been developed that serve persons who meet the federal definition but would not otherwise be served under the state definition. The Council's advocacy efforts have also brought attention to the problem, encouraging those who are in need of services but not currently eligible to continue their efforts. The Council will continue its efforts to acquire services for these persons and their families.

N.B. It should be noted that Montana, in its services to children ages 0 - 36 months under Part H of IDEA, provides services to children who are determined to be at risk of developing a developmental disability. In this instance, the State may be providing services to persons outside of the current state definition. However, funding requirements of the federal law require services to this population for participation in the program.

The Number Of Persons With Developmental Disabilities In Montana

Determining the number of persons with developmental disabilities is a complex task, resulting in, at least partially, inaccurate conclusions. The reasons for the inaccuracy are varied but include:

1. The differences between the federal definition and state definition.
2. Differences in culture may be represented in whether or not a family perceives a person as having a developmental disability and therefore decreasing the possibility of seeking services.
3. There are problems with identifying the presence or the long term impact of a disability in young children. These problems generally disappear as a person ages resulting in more accurate counts.
4. Service counts from agencies involved in the provision of services are often duplicative in nature, i.e., one person may be counted as being a recipient of services from two different agencies thereby resulting in inflated figures.
5. Lack of information regarding the degree of a disability makes it difficult to determine whether or not a population's reported disability level is severe enough to meet the state and/or federal definitions. For example, in the reporting system used by all public school systems under the Individuals with Disabilities Education Act, students receiving special education services are categorized by their dominant disability. However, not all persons with mental retardation, emotional disturbances, auditory or visual impairment, etc. have disabilities severe enough to meet the state or federal definitions.

Still, in order to provide effective planning for the future, efforts to calculate the number of persons with developmental disabilities need to be undertaken and efforts to identify inaccuracies must be made.

It is with this goal, the Montana Council presents the following data. The sources of the data are principally gathered from Montana agencies involved in the provision of services and in some instances from national studies. No attempt is made to provide numbers for populations that are known to exist but are uncountable given the current data. The populations are discussed, however, to inform the reader of their place in the system. As a general consideration, it should be noted that these data, for both federal

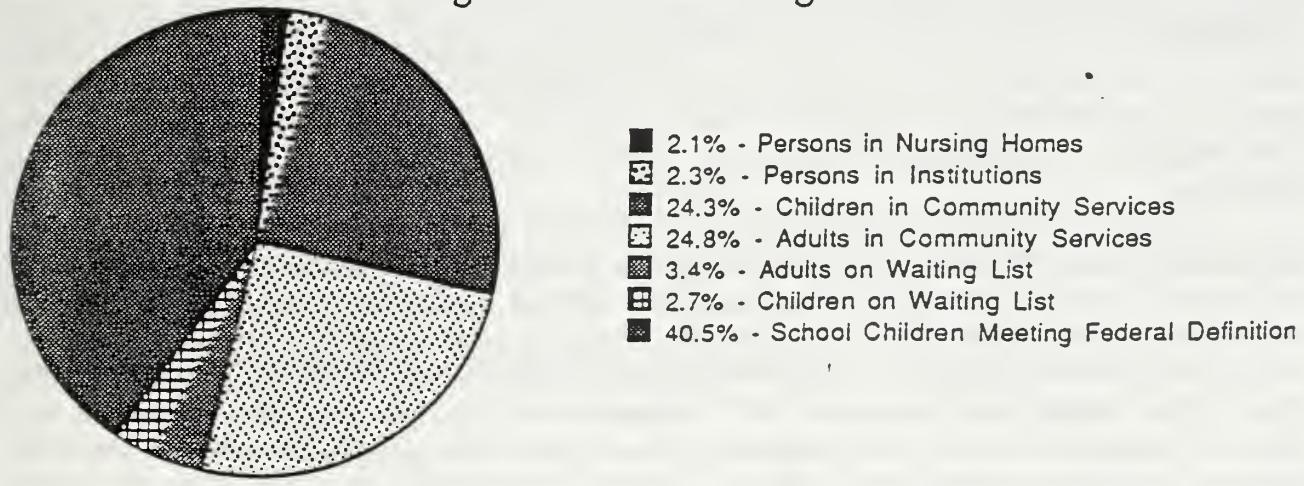
and state definitions, are estimates and that any conclusions based on them should be considered in that light.

Table 2

ESTIMATES OF NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES IN MONTANA BASED ON NUMBER RECEIVING SERVICES

139	Persons residing in nursing homes who do not receive services outside of the nursing home ¹
155	Persons receiving services in institutional settings; ²
1625	Children in community based services; ²
1660	Adults in community based services; ²
230	Adults eligible for and on the statewide waiting list for services, but presently receiving none; ²
178	Children on community waiting list for services, but presently receiving none; ²
2709	Children meeting the Federal definition using the Knapp and Brehon Institute formulae, presently receiving special education services; ³
(2550)	Children meeting the Montana definition using the Knapp and Brehon Institute formulae, presently receiving special education services; ³
6706	TOTAL

Persons with Developmental Disabilities (Federal Definition)
Eligible for or Receiving Services



Notes on Table 2.

1 Based on 1997 estimates from the Developmental Disabilities Program of the Department of Public Health and Human Services April 1997.

2 February 1997, State of Montana Department of Public Health and Human Services Developmental Disabilities Program.

3 The number of children with developmental disabilities meeting the federal or state definition from the OPI child count (see Appendix 2) is difficult to determine. The number of children comprising the total from the OPI count (see Appendix Two) who receive special education services and are eligible for services includes the following types of disabilities;

cognitive delay,

child with a disability (at-risk for developmental disabilities ages 3-6),

- multiple disability

deaf-blindness

autism

traumatic brain injury

The following disability categories included in the OPI count in Appendix Two were not included in the total as they are not generally accepted as being eligible for services under the Federal or Montana definitions;

hearing impaired,

deafness,

other health impairment,

orthopedic impairment,

speech/language impairment,

visual impairment,

learning disability,

emotional disturbance.

1732 children ages 3-6 are listed as CW (child with a disability) and receive services from the state under IDEA. These children are served by OPI as that agency is the lead agency for children of that age under the law. Some of these children (number unknown) also receive services from the Developmental Disabilities Program under Child and Family Services. Additionally, many of these children are considered "at risk" for developmental disabilities but may not have an actual diagnosis of developmental disabilities.

The Knapp and Brehon formulae provide a percentage estimate of the number of students in special education who meet the federal definition. Included in the total above are the following Office of Public Instruction categories which would likely meet the federal definition; 40% of those with cognitive delay diagnosis, 40% of those with non-categorical (at risk) diagnosis, 100% of those with multiple disability diagnosis and 100% of those with deaf blind diagnosis. The number of students that would meet the Montana definition using the Knapp and Brehon formulas is not clear, although under the included identified categories of cognitive delay, at-risk, multiple handicaps and deaf blind, it is likely that the totals would be extremely similar.

Several studies have been completed in an attempt to estimate the number of children who meet the federal definition of developmental disabilities using the special education population as the population to select from. Using formulas taken from Knapp, 1987,³ for mental retardation and at risk populations and Brehon Institute, 1985,⁴ for multiply handicapped and the deaf blind groups and applying those formulas to the Montana special education population leads to the majority of the 2,709 estimate seen in the graph accompanying Table 2. However, neither Knapp or Brehon directly account for two of the categories added to the Montana Child Count since 1995, autism and traumatic brain injury (TBI). An estimate of their possible eligibility under federal and state laws is 100% and 100% respectively for the federal definition and 100% and 25% under state law. A rationale for these percentages in assigning autism a 100% rate under both laws is that autism is specifically mentioned in state law and, being generally more restrictive in terms of eligibility than the federal definition, it would be surprising if anyone eligible under Montana law were found ineligible under federal law. TBI, by contrast, under state law is not specifically mentioned and most people with TBI are found ineligible for services. Many of those decisions, however, are based upon time of onset (over age 18). However, 90% or more of the children receiving school services are under age 18, resulting in that variable having no effect on the estimate. While there has been no Montana study on the incidence of TBI as it relates to meeting the state definition of developmental disabilities, based upon the percentage of persons having a primary diagnosis of brain or neurological dysfunction (roughly 2%) and discounting the age restrictions, the Council has used an arguably high figure of 25% as the number of students with a diagnosis of TBI as meeting the Montana definition. This adds 16 persons to the overall OPI count, totalling 2,550.

ESTIMATED NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES IN MONTANA USING ESTABLISHED PREVALENCE RATES

Using the federal definition of developmental disabilities, the unofficial estimated July 1, 1996 population of Montana and the national estimated prevalence rate of developmental disabilities, the number of persons with developmental disabilities in Montana is approximately 15,828. See TABLE 3.

TABLE 3
NUMBER OF PERSONS MEETING THE FEDERAL DEFINITION OF
DEVELOPMENTAL DISABILITIES AS A FUNCTION OF NATIONAL PREVALENCE
RATES

MONTANA POPULATION	PREVALENCE RATE	ESTIMATED TOTAL
879,372 ¹	1.8% ²	15,828

Notes on Table 3

1. Montana Department of Commerce, 1996

2. Gollay, E. (June 1981). Estimates of the Size and Characteristics of the Noninstitutionalized Developmentally Disabled Population in U.S. Based on the 1976 Survey of Income and Education.

The discrepancy between the federal total based on case registries and prevalence rate, is large (9,722) and can only be partially accounted for. The Council is aware that some populations of persons with developmental disabilities in Montana remain unidentified. There exists an unknown adult population who do not receive services in the community but would meet the federal definition, if not the Montana definition. Unfortunately, no estimate of the size of these and other similar populations exists and no formal study has been made to identify an accurate number. The cost of such a study, combined with the time-limited usefulness of the resulting data, precludes its' completion at this time. Additionally, the population of Montana has increased by 9% over the last seven years after several years of decline. It is possible that this relatively recent increased population level may account for some of the differences as people may not have sought out services if they have not been a resident of the state for an extended period.

In any event, if estimates based upon the accepted federal percentage are accurate, Montana's change of the current definition so that it matches the federal definition, could conceivably increase the caseload of those eligible and waiting for services by 4 - 4.5 times over the present level. Given current funding realities at the state and national level, it is practically guaranteed that even with a definition change, the numbers of persons receiving services would not be significantly modified.

SECTION II

State Program Organization

ORGANIZATION OF THE MONTANA DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL AND THE ROLE OF THE DEVELOPMENTAL DISABILITIES BASIC STATE GRANT PROGRAM.

The State of Montana Developmental Disabilities Planning and Advisory Council was formed, in 1971, pursuant to Title 2 Chapter 15, Part 2204, of the Montana Code Annotated. The bylaws of the Council⁵ state the purpose of its' efforts as:

- 1) To advise the department of public health and human services, the office of public instruction, the state legislature, other agencies, councils, local government and private organizations relative to the implementation of both state and federal statutes concerning programs for services for persons with developmental disabilities;
- 2) To establish guidelines for the allocation of and to allocate the

federal formula grant for statewide or regional programs establishing new and innovative programs and services for persons with developmental disabilities;

- 3) To develop in conjunction with all members of the developmental disabilities service system in the state, an annual comprehensive plan for a statewide system of community based services for persons with developmental disabilities;
- 4) To monitor and evaluate the implementation of the state plan for a comprehensive statewide system of services for persons with developmental disabilities;
- 5) To assist in the development of, and review and comment on all state plans which relate to programs affecting persons with developmental disabilities;
- 6) To improve the coordination and administration of programs serving persons with developmental disabilities; and
- 7) To serve in any capacity required by federal law for the administration of federal programs for services to persons with developmental disabilities.

The Council's federal responsibilities are based on the Department of Health and Human Services, Administration On Developmental Disabilities, Basic State Grant Program, which is designed:

To provide assistance to states and public and all private nonprofit agencies and organizations to assure that all persons with developmental disabilities receive the services and other assistance and opportunities necessary to enable such persons to achieve their maximum potential through increased independence, productivity, and integration into the community;

To enhance the role of the family in assisting persons with developmental disabilities to achieve their maximum potential;

To provide interdisciplinary training and technical assistance to professionals, paraprofessionals, family members, and individuals with developmental disabilities;

To advocate for public policy change and community acceptance of all people with developmental disabilities and their families so that such persons receive the services, supports, and other assistance and opportunities necessary to enable such persons to

achieve their maximum potential through increased independence, productivity and integration into the community;

To promote the inclusion of all persons with developmental disabilities, including persons with the most severe disabilities, in community life;

To promote the interdependent activity of all persons with developmental disabilities, including persons with the most severe disabilities;

To recognize the contribution of all persons with developmental disabilities as such persons share their talents at home, school, and work, and in recreation and leisure time; and

To make grants to support a system in each State to protect the legal and human rights of persons with developmental disabilities.⁶

Public Law 104-183 also is the establishing authority of Protection and Advocacy organizations and University Affiliated Programs and Program Satellites. In Montana, these agencies are the Montana Advocacy Program (MAP), located in Helena and the Montana University Affiliated Rural Institute on Disabilities (MUARID), located at the University of Montana in Missoula. The Council works with both of these agencies as a method of ensuring that the purposes and responsibilities of the Basic State Grant Program are accomplished. A recent example of this collaboration is the effort of the Council, MAP and MUARID to jointly promote and sponsor a task force with partners from the Department of Public Health and Human Services (VR and DDP), two of the four Independent Living Centers and advocates interested in physical accessibility under ADA, to create and implement an initiative to improve accessibility in hotels and motels across the state, especially in those facilities that serve as conference/convention facilities. The original goal of the project was to try to improve accessibility of persons with disabilities who attend conferences and training events at facilities across the state, but with the valued assistance of the Montana Innkeepers Association, it is hoped that the results will improve access for all persons with disabilities who stay at Montana facilities whether for business or pleasure.

COUNCIL MEMBERSHIP

The membership of the Council under the law (2-15-2204 MCA) is as follows :

2-15-2204 Montana Code Annotated. Developmental disabilities planning and advisory council. (1) The governor shall appoint a developmental disabilities planning and advisory council in accordance with the provisions of this section.

(2) The council is composed of at least 23 members and consists of the following:

(a) one member, appointed by the director, from the department of public health and human services representing each of the following federal acts:

Rehabilitation Act of 1973

Older Americans Act of 1965

Title XIX of the Social Security Act

(b) the superintendent of public instruction or a designee responsible for the Individuals with Disabilities Education Act;

(c) one recognized professional in the disciplines of medicine, and law;

(d) one member of the state senate;

(e) one member of the state house of representatives;

(f) twelve persons with, or immediate family members of persons, or guardians of persons with developmental disabilities

(g) the director of the university affiliated program or program satellite or his designee;

(h) the director of the State protection and advocacy system or a designee; and

(i) a representative of a statewide service provider organization, whose member agencies provide direct services to persons with developmental disabilities.

(3) (a) Each member who serves on the council pursuant to subsection (2)(a) or (2)(b) of this section shall serve for a term concurrent with the respective term of the director of the department of public health and human services or the superintendent of public instruction, as the case may be. Upon the director's removal from office, the member's term as a member of the council is automatically terminated and the successor in office will designate a member of the council.

(b) Each member who serves on the council pursuant to subsection (2)(d) or (2)(e) of this section shall be appointed or reappointed annually by the governor.

(c) Eight of the members serving on the council pursuant to subsection (2)(c), (2)(f), (2)(g), (2)(h) or (2)(i) of this section shall be appointed by the governor to serve for terms concurrent with the gubernatorial term and until their successors are appointed. The remaining nine members serving on the council shall be appointed by the governor to serve for terms ending on January 1 of the third year of the succeeding gubernatorial term and until their successors are appointed.

(d) Representatives named to the council pursuant to this section, in addition to fulfilling the requirements listed in subsections 2(a) through 2(i), should also be selected for council membership for their ability to represent the following areas; psychology, social work, special education and minority groups, including native americans with developmental disabilities. A minimum of one member of the council must represent each of these areas, in addition to the requirements listed above. In the event that none of the persons listed in subsections 2(a) through 2(i) represent the areas of psychology, social work, special education and minority groups, including native americans with developmental disabilities, not more than two representatives may be added to the membership to meet the requirements.

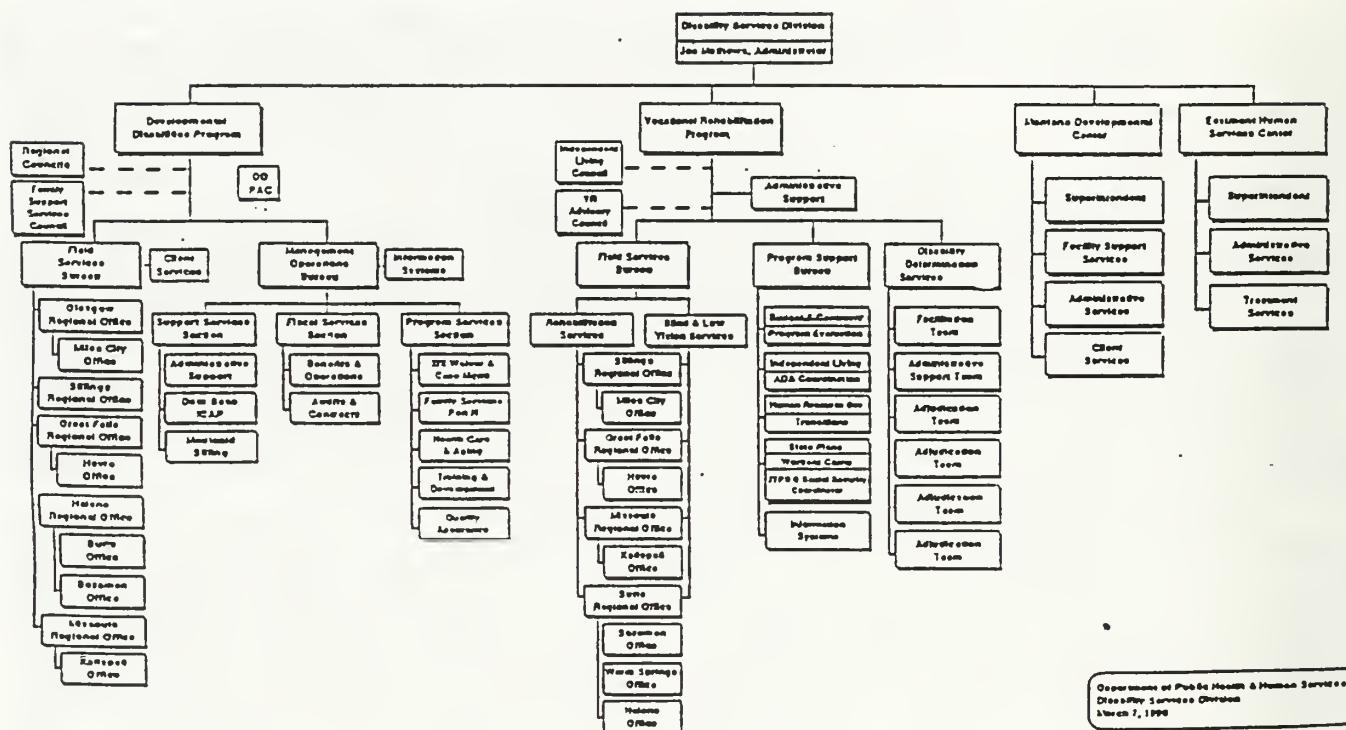
(4) The council is attached to the department for administrative purposes only and, unless inconsistent with the provision of this section and 53-20-206, the provisions of 2-15-121 apply.

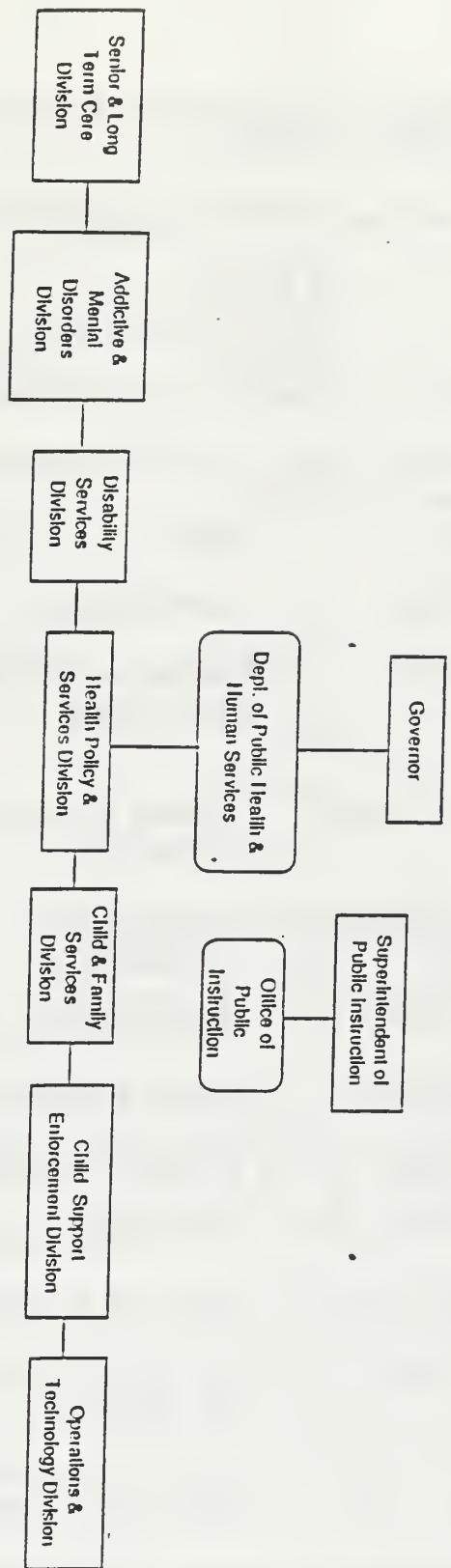
• Please note that 2-15-2204 MCA was amended by the 1997 Montana Legislature as a result of Senate Bill 298 which removed the legislative mandate for a variety of PHHS departmental advisory councils. Among those affected under state law were the five regional councils on developmental disabilities. As a result of this change, representation of regional councils was eliminated from the state requirements for Council

membership. However, adherence to federal Council membership requirements were maintained by the addition of five at-large consumer members as represented in Part (1)(f) changing the consumer requirement from seven to twelve.

COUNCIL ORGANIZATIONAL CHART

The following charts locate the Council and the federally mandated State Administering Agency within the organizational structure of the Executive Branch of the State of Montana.





Montana's System For Developmental Disabilities

MEMBERS OF THE MONTANA DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL

The Chairperson of the Montana Council is:

Tom Price
PO Box 333
Eureka, Montana 59917
406-296-2915

His term will continue through September of 1997.

The current officers of the Developmental Disabilities Planning and Advisory Council are:

<u>Name</u>	<u>Office</u>	<u>Affiliation</u>	<u>City</u>
Judy Rolfe	Vice-Chairperson	Parent	Helena
Cary Lund	Evaluation Committee Chairperson	Agency Rep. - Dept. of Public Health and Human Services	Helena
Florence Massey	Planning Committee Chairperson	Parent and member of Region 3 Council	Billings

Other members of the Council are:

<u>Name</u>	<u>Affiliation</u>	<u>City</u>
Sharon Estrada	Representative of the Montana Senate	Billings
DuWyne Geist	Parent & Consumer Representative	Rexford
Tom Green	Parent & Member Region II Council	Harlem
J. Cort Harrington	Attorney, Private Practice	Helena
Dr. Allen Hartman	Physician Representative	Billings
Kenny Kaline	Consumer/Native American Representative	Ashland
Vonnie Koenig	Parent & Member, Region V Council	Kalispell
Paula Holdeman	Parent and Member Region I Council	Plentywood
Bob Lawson	Representative of the Montana House	Whitefish
Florence Massey	Parent & Member Region III Council	Billings

Wally Melcher	Consumer Representative	Helena
Bob Runkel	Administrator, Division of Special Education, Office of Public Instruction	Helena
Othelia Schulz	Parent & Member Region IV Council	Anaconda
Allen Smith	Representative Montana Advocacy Program	Helena
Timm Vogelsberg	Representative Montana University Affiliated Rural Institute on Disabilities University of Montana	Missoula
Rob Tallon	Service Provider Representative	Bozeman
Peyton Terry	Parent & Member Region I Council	Glasgow
MV Morton	Adjunct Member	Billings
Dick Van Haecke	Adjunct Member	Helena

Refer to Appendix One for member information relating to federal requirements.

The Council operates through a Committee structure, in addition to the functions of the full membership. These committees and their duties are:

- 1) The executive committee shall have authority to make decisions and manage the business of the council during the interim between council meetings, subject to such policies, goals, objectives and budget limitations established by the council. The executive committee shall have the authority to assign functions to the council's standing committees beyond those specified in these bylaws.
- 2) The Planning Committee is responsible for soliciting and receiving instructions or advice from the council and all other members of the developmental disabilities service system about priorities. The committee will assure the accomplishment of tasks specific to the state plan, review the draft state plan, and make recommendations to the council as to changes, deletions, etc. The committee is also responsible for reviewing other state plans affecting services for the developmentally disabled. Based upon the goals, objectives and activities contained within the state plan, the committee will develop requests for proposals (RFP's) and distribute them to appropriate persons or agencies.
- 3) The Evaluation Committee is responsible for evaluating council activities and programs and projects initiated under the auspices of the council grant program.

- 4) The Council creates other committees as needed for identified purposes.

STAFF OF THE MONTANA DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL

There are currently three staff employed by the Council. They are:

Greg A. Olsen
Deborah Swingley
Robin Homan

Executive Director
Administrative Officer
Systems Coordinator

The address of the Council is:

State of Montana
Developmental Disabilities Planning and Advisory Council
Post Office Box 526
Helena, Montana 59624

The Council office telephone number is:

Area Code 406-444-1334
The Council fax number is:
406-444-5999

Staff responsibilities are divided according to the following table.

Staff Responsibilities

<u>Executive Director</u>	<u>Administrative Officer</u>	<u>Systems Coordinator</u>
Conduct Planning Projects	Plan or Research Projects	Conduct Special Projects (Partners, Parent Conference Awareness Poster Contest, Public Forums)
Conduct Special Projects	Provides Technical Assistance	Serve as liaison to regional councils
Develop Annual State Plan	Budget Development	
Serve as Liaison for State and Federal Agencies	Participates in Planning Development	
Supervise Grant Program	Originate Correspondence	
Staff Planning Committee	Contract and Grant Program	

Supervise Staffing of
Finance and
Evaluation Committees

Staff Evaluation
Committee

Supervise Budget
Creation

Supervise Daily
Operations

Originate
Correspondence

ROLE OF THE DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL IN THE SERVICE SYSTEM

The Developmental Disabilities Planning and Advisory Council operates as an independent advisory body to the developmental disabilities system in the State of Montana. The Council views its' role as one of advocate for change in public policy, service expansion and improvement and as a body capable of leading the system into new forms of service capacity marked by the philosophies of individualization, empowerment, independence and integration. Many of these activities are advanced through the Council's grant program which annually awards contracts to agencies and organizations throughout the state to assist in making the policy and capacity changes that the Council views as important and within its role. Montana's system of services for persons with developmental disabilities has long been recognized as a leader in the development of developmental disabilities services and the Council is recognized within the State as a major contributor to system improvements.

OVERVIEW OF THE STATUS OF SERVICES IN MONTANA

The Montana developmental disabilities system consists of a wide variety of federal, state and private programs that provide direct institutional and community residential services, educational services, generic community support, case management, health-related services (prevention, diagnosis and evaluation, medical care), advocacy and planning services, research, administrative functions and service monitoring. Between 75 - 100 different agencies, groups and organizations provide specialized developmental disabilities services in the state. (There are approximately 38 private non-profit agencies in the state who provide primary residential and vocational services to children and adults with developmental disabilities under contract to the Developmental Disabilities Program of the Department of Public Health and Human Services. There are currently two state operated residential facilities, the Montana Developmental Center in Boulder and the Eastmont Human Services Center in Glendive. Five divisions of the Department of Public Health and Human Services of the State of Montana are involved in the delivery of services to persons with developmental disabilities in the state. They are: Disability Services Division, Health Policy and Services Division, Child and Family Services Division, Addictive and Mental Disorders Division, and the Senior and Long Term Care Division. In addition educational services to children ages

21 and under are provided by the Office of Public Instruction (OPI). A description of each of these divisions within the department and OPI and the services that they offer is contained within Section III of this document.)

ECONOMIC IMPACTS ON THE DEVELOPMENTAL DISABILITIES SYSTEM

The 1990 Census estimated Montana's population at approximately 799,000 persons. This resulted in the elimination of one of the State's two members of the US House of Representatives. This change represented the "low water mark" for the State in terms of declining population, reduced economic strength and an overall sense of economic instability. The out-movement of residents was seen as leaving many questions unanswered about the state and it future.

Over the past seven years, the State has grown substantially. The current population of the state is estimated at approximately 879,000 or a 9% increase. Economic indicators in the state are generally improving. Businesses are moving into the state and many of those in the state are expanding. These are generally considered to be positive indicators for the future. At the same time, property values have increased dramatically and with them property taxes. Montana has no general sales tax and has long relied on income and property tax as the major sources of funding for state government. While many Montanans are pleased to see increasing property values, they have not welcomed the corresponding increases in property taxes. Legislative and judicial action designed to provide tax relief for property owners has been discussed at length and the state is in the process of implementing changes in property tax rates that may have a substantial impact on the State's general fund. As a result, the 1996 Legislative elections were impacted by candidates strongly opposed to tax increases and increased state spending and the 1997 Legislature completed in April had a difficult time estimating the funds available for expenditure on state funded programs and therefore were very cautious in expending funds for many programs. One exception to this trend was dramatically increased funding for the state's corrections systems, primarily to add beds and staff to the prison system. The majority of available increased funds went to meet this need.

As a result, little in the way of increased funds was made available for persons with developmental disabilities. Although the Legislature authorized a provider rate increase (1.5%), providers were faced with dramatically increased expenses relating to health and worker's compensation insurance. These increases are expected to eliminate the possibility of direct care staff receiving any salary increases over the next two years. Additionally, there was little funding made available to meet the needs of those persons currently waiting for services.

Adding to Montana's difficulties are the continuing discussions and changes in the Federal budget being debated in Congress. The changes in federal welfare funding, the failure of Congress to reauthorize IDEA, the possibility of block grants, the possibility of reductions in Medicare and Medicaid and the very real reductions to the Title XX Block Grant have all left the State in a partial vacuum, unable to make changes based upon Congress' decisions and unwilling to make changes without those decisions. Without clear directions from Congress, the Montana Legislature and the administration of

members to total participation.

Montana will soon graduate its third class of Partners In Policymaking (June 1997). As of that date thirty-one parents or persons with a disability will have completed a six session/month series of classes that taught class members the legislative process, the workings of the system, gave them personal acquaintance with leaders in the system from throughout the state and taught them the advocacy skills necessary to work effectively for themselves and all other persons with disabilities in the state. The project continues to be funded through a grant from the Council and the Council is taking increasing responsibility for the operation of the project.

In October 1997, the Council will fund and sponsor the first statewide conference for parents of persons with developmental disabilities since the inception of services in 1977. The conference is designed to provide general information to parents regarding the system and its operation, provide them with an opportunity to meet with and organize with other parents and give them the opportunity to gain detailed information relevant to the specific needs of their families. Approximately 150 persons are expected to attend the conference.

LEGAL IMPACTS ON THE DEVELOPMENTAL DISABILITIES SYSTEM

In August 1996, the Montana Advocacy Program (MAP) filed a lawsuit in Federal District Court against the State of Montana on behalf of ten named plaintiffs and a class of persons to be determined by the court that if found in favor of the plaintiffs would have the likely effect of closing the Montana Developmental Center in Boulder and/or the Eastmont Human Services Center in Glendive. The basis of the suit is a civil rights action claiming that persons receiving services in the two sites are involuntarily segregated and that the most appropriate services for these persons is for them to receive these services in community based programs. The laws being tested as the basis for the suit are the Americans with Disabilities Act and the 14th Amendment to the US Constitution. The parties are currently involved in the discovery process with trial anticipated sometime within the next 12 - 18 months. Efforts at settlement of the suit have been attempted, but appear unlikely at this point, primarily due to Montana law which requires that the Montana Legislature endorse the closure of any state-operated institutional facility. Although the closure of either facility was not a part of the Racicot administration's legislative proposal package, the issue was brought to the attention of the Legislature during their 1997 session. They did not choose to bring the issue to a vote and as a result the approval for the most likely option leading to a possible settlement is not possible for the next two years.

OTHER SIGNIFICANT TRENDS IMPACTING THE DEVELOPMENTAL DISABILITIES SYSTEM

STRATEGIC PLANNING

While it is clear that the Montana system for the delivery of services and supports to persons with developmental disabilities has many positive aspects to it and is consistently ranked among the most effective and fiscally efficient in the nation, it is

Governor Racicot are hesitant to recommend or allow expansion of programs that might result in an increased funding burden for the state.

Economically, it is still too early to tell whether the modest increases in funding resulting from an increased population will be offset by stagnant or lowered property tax rates and changes at the federal level in programs and funding that will increase the burden on the state to provide human services.

SOCIAL/ADVOCACY IMPACTS ON THE DEVELOPMENTAL DISABILITIES SYSTEM

From a social/empowerment standpoint, improvements in services to persons with developmental disabilities have occurred since the 1995 - 1997 State Plan was written. Consider:

Over the past two years, the state (with Council funding) has established five chapters of People First!, the self advocacy organization for persons with developmental disabilities. These chapters, with minimal staff support, have engaged in a variety of activities to become involved in the system (regional council membership, strategic planning activities), have implemented successful fund-raising activities and continue to increase their membership, now at approximately 100.

There is considerable evidence that families of persons with developmental disabilities are becoming more active in advocating for services and their involvement in the system. Examples include:

the creation and continuing success of the Missoula IDEA PTA, a group of parents of children with disabilities who have formed the (to their knowledge) first and only Parent Teachers Association in the nation for children receiving services under IDEA. They have become very active advocates in western Montana and are assisting parents throughout the state with advocacy activities and information.

the efforts of past graduates of Partners in Policymaking to maintain their relationships with each other resulting in the creation of a newsletter, published and edited by the graduates, the establishment of a yearly "Partners Institute" giving them the opportunity to gather and receive updates and information that will be useful to them in their local activities and the successful participation of Partners in regional council, State Council and Family Support Services Advisory Council (Part H) activities, increased membership on provider boards, statewide task forces, including the recently formed Strategic Planning Task Force and legislative advocacy groups.

an increased level of participation by parents and family members in Council sponsored biannual forums since their inception in 1989. Across the four sets of forums held throughout the state, the number of family members attending and offering their input has increased as well as the overall percentage of family

also clear that there is a high probability of funding levels that will not meet the identified needs of the system as it is currently configured, an emerging possibility of long term managed care systems being injected into the system and a simultaneous movement to increase the level of consumer choice in determining level and type of service, increased control of funding for services, funding portability, higher levels of independence and responsibility and other value-driven changes. The combination of these variables have lead a number of members of the system to the conclusion that Montana must create a proactive process to meet the ever increasing problems that the future will present.

The Council along with all other system stakeholders, including thirty-two persons with developmental disabilities and family members, have begun a strategic planning process to identify the options for improvement and change for the current service system. The responsibility of the task force is to analyze the existing service system, identify the positive aspects, determine those areas in need of change and improvement, determine the potential for service additions to the system, incorporate all of the recommendations into a coherent written plan and submit the plan to those persons and organizations who would be responsible for approving and overseeing the process of change, with the weight of the sixty-four member task force and the commitment of all parties to engage in the process ensuring the result.

The Developmental Disabilities Planning and Advisory Council has been involved at some level in all of the changes in the system listed above. The Council's State Plan has advocated and planned for all or part of each of the changes that the system has made over the past several years. In carrying out the Plan, Council staff have served an active role in task forces responsible for the creation of these new or expanded services. Over the next three years, as represented by the goals, objectives and activities contained within this State Plan, the Council will continue to work and advocate for expansion and improvement of the system.

THE DESIGNATED STATE ADMINISTERING AGENCY

The State of Montana Department of Public Health and Human Services functions as the Designated State Administering (DSA) Agency for the Council under The Developmental Disabilities Bill of Rights and Assistance Act since 1975. The DSA agency does not provide direct services that are supported with funds under the Developmental Disabilities Act.

The Director of the Department is:
Laurie Ekanger

The address of the agency is:

Department of Public Health and Human Services
111 Sanders
Post Office Box 4210
Helena, Montana 59604

The Administrator of the Developmental Disabilities Program of the Department of Public Health and Human Services is:

Joe Mathews
Department of Public Health and Human Services
Developmental Disabilities Program
111 Sanders
Post Office Box 4210
Helena, Montana 59604
406-444-2995

The Bureau Chief for the Management Operations Bureau of the Developmental Disabilities Program is

Janice Frisch
Department of Public Health and Human Services
Developmental Disabilities Program
111 Sanders
Post Office Box 4210
Helena, Montana 59604
406-444-2995

The Bureau Chief for the Field Services Bureau of Developmental Disabilities Program is:

Sue Jackson
Department of Public Health and Human Services
Developmental Disabilities Program
111 Sanders
Post Office Box 4210
Helena, Montana 59604
406-444-2995

The Council and its' staff are administratively attached to the Department.

Under Montana law (2-15-121 MCA), the Department of Public Health and Human Services shall:

1. direct and supervise the budgeting, record keeping, reporting and related administrative and clerical functions of the Council;
2. include the Council's budgetary requests in the departmental budget;
3. collect all revenues for the Council and deposit them in the proper fund or account;
4. print and disseminate for the Council any required notices, rules or orders adopted, amended or repealed by the Council.

Funds allocated to the Council under the Basic State Grant Program are granted to the State through the Council. These funds, plus state matching funds become a part of the Council's budget, which is accounted for separately from all other PHHS funds. All monies are received, disseminated and accounted for according to the requirements of the Montana Statewide Budgeting and Accounting System (SBAS).

Additionally, personnel administration, purchasing, legal services and other support services are established and provided through the Designated State Agency. Hiring and supervision of the Executive Director is the responsibility of the Council and other staff are hired and supervised by the Executive Director. Staff compensation is determined by the Council, as the Council is exempt from the State of Montana Classification and Pay System. The Designated State Agency is involved in the process of creation of the State Plan but does not direct the focus of the Plan or the manner in which it is carried out following approval.

The functions and responsibilities of the Department as they relate to services for persons with developmental disabilities include administration of the following programs:

- developmental disabilities
- Medicaid services
- vocational rehabilitation and visual services
- health services
- child support enforcement
- family assistance services

Within the Department, the Developmental Disabilities Program is primarily responsible for all community based services to persons with developmental disabilities in the state. Service provision is accomplished through contracts and grants to private non-profit corporations. Under state law (53-20-202 MCA), these services may include the following:

- evaluation
- diagnostic services
- treatment services
- day care services
- training services
- education services
- employment services
- recreational services
- personal care services
- domiciliary care services
- special living arrangements services
- counseling services
- information and referral services
- follow along services
- protective and other social and sociolegal services
- transportation services

Additionally, the Developmental Disabilities Program works with other state agencies to ensure that services available through these agencies are available for those persons with developmental disabilities in Montana.

SECTION 3

The Scope Of Developmental Disabilities Services In Montana

An Overview of Federal, State and Private Non-Profit Programs Affecting the Developmental Disabilities Service System In Montana.

This section of the Plan provides information to the reader regarding the type and extent of services and supports available to persons with developmental disabilities in Montana. Additionally, the information is designed to provide information regarding selected federal programs that impact the lives of persons with developmental disabilities in Montana. The information is divided into several different sections, dependent upon the source of the services offered.

For purposes of this section, services are divided into those offered by:

Agencies of the State of Montana

Service Provider Organizations

Direct Service Organizations

Advocacy Groups

Agencies of the United States of America

The agencies listed in this section of the Plan have met or exceeded federal and state requirements regarding interagency agreements and initiatives to ensure cooperation among themselves resulting in enhanced services and supports to persons with developmental disabilities. Examples of interagency agreements include those between:

- the Department of Public Health and Human Services and Office of Public Instruction for infant and toddler services to children ages 0-3,
- the Office of Public Instruction, the Department of Public Health and Human Services, the Montana University Affiliated Rural Institute on Disabilities, the Montana Center and other statewide agencies regarding the Statewide Transition Coordinating Committee, its operation and implementation and the efforts of the Council,
- the Montana University Affiliated Rural Institute on Disabilities, the Montana Advocacy Program, PHHS (Disability Services Division), the four Independent Living Centers to develop a program of hotel physical accessibility under the Americans with Disabilities Act (ADA),

the members of the Comprehensive System for Personnel Development under IDEA staffed by the Office of Public Instruction to develop and implement a system for special education teacher development with the added benefit of cross training among and to staff of other human service agencies including those served by developmental disabilities providers and staff.

DEPARTMENT OF ADMINISTRATION GOVERNOR'S ADVISORY COUNCIL ON DISABILITY

ADDRESS

Department of Administration
State Personnel Division/Mitchell Building
P.O. Box 200127
Helena, Montana 59620-0127

TELEPHONE NUMBER

444-3794

CONTACT PERSON

Constance Enzweiler

DESCRIPTION OF SERVICES

The Governor's Advisory Council on Disability advises the Department of Administration, the ADA Coordinator and the Governor's Office on issues affecting the implementation of the Americans with Disabilities Act of 1990, both Titles I and II, in state government. The Council's activities include:

1. Recommending steps to promote proactive implementation of ADA;
2. Recommending steps to promote the development of opportunities for Montanans with disabilities in state government agencies with the same terms, conditions and privileges of employment enjoyed by other state employees.;
3. Identifying specific problems affecting the access of people with disabilities to the programs, services, activities and information provided by state agencies;
4. Identifying specific problems affecting the opportunity for people with disabilities to actively participate in the operation of their government;
5. Recommending steps to ensure that state government provides a model for other Montana employers for compliance and implementation of ADA; and
6. Sharing information with other employers and organizations, including the President's Committee on Employment of Persons with Disabilities, to promote effective implementation of ADA throughout Montana.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

The Council is governed by seven voting members appointed by the Governor. The Chair and Vice-chair are elected by the members.

BOARD OF PUBLIC EDUCATION MONTANA SCHOOL FOR THE DEAF AND BLIND

ADDRESS

3911 Central Avenue
Great Falls, Montana 59405 - 1697

TELEPHONE NUMBER

771-6000	Administration
771-6030	Education
771-6104	Cottage Program
771-6060	IEP/CST Information
771-6164	Fax
771-6063	TDD

CONTACT PERSON

John Kinna

DESCRIPTION OF SERVICES

The Montana School for the Deaf and Blind (MSDB) is open to every visually and hearing impaired child in Montana from birth through the age of 21. The School is mandated by the legislature to provide educational services to hearing and visually Impaired children whose impairments are so severe as to preclude their progress in regular public schools. There is no charge for enrollment or for room and board. MSDB offers its students the same academic subjects as public schools, fulfilling the same Board of Public Education requirements. Added emphasis is on language development for the hearing impaired and life skills for the visually impaired.

Approximately 50 students reside on the campus of MSDB and an additional 50 students whose families reside in Great Falls attend MSDB attend as day students. The school also serves students in their home school district through services provided by resource consultants employed by the school. The School also serves families with hearing impaired infants. These services are provided through (contracts with speech/language therapists.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Students must be residents of the State of Montana and have a diagnosis of severe hearing and/or visual impairment that precludes them from effective services in the public school system. Services to students served on the MSDB campus as provided at no cost to the home school district, parents, or guardians. Consultive services to students served in their home school by MSDB outreach staff will be provided at no cost to the home school district.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

No specific count of the number of students with developmental disabilities served by the school is made. Many of the students may, however, meet the federal or state definition.

1997 BUDGET

Approximately \$3,000,000.

LEGAL AUTHORIZATION

FEDERAL

NA
STATE
Section 20-8-1 et. seq. MCA

GOVERNING/ADVISORY BODY

The School is governed by the seven member Board of Public Education and operates under board approved policies and administrative rules.

DEPARTMENT OF COMMERCE

LOCAL GOVERNMENT ASSISTANCE DIVISION (CDBG)

ADDRESS

1424 9th Avenue
Helena, Montana 59620

TELEPHONE NUMBER

444-3757

CONTACT PERSON

Newell Anderson, Administrator

MONTANA HEALTH FACILITY AUTHORITY (MHFA)

ADDRESS

555 Fuller
Box 200506
Helena, Montana 59620-0506

TELEPHONE NUMBER

444-5435

CONTACT PERSON

Jerry Hoover, Executive Director

HOUSING DIVISION (HOME, Section 8, Board of Housing)

ADDRESS

836 Front Street
Box 200508
Helena, Montana 59620-0508

TELEPHONE NUMBER

444-2804

CONTACT PERSON

Maureen Rude, Administrator

DESCRIPTION OF SERVICES

Community Development Block Grant (CDBG)

The Community Development Block Grant (CDBG) program is a federally funded grant program designed to help communities with their greatest community development needs. All awarded program funds principally benefit low and moderate income families. The program was established by the federal Housing and Community Development Act of 1974. MDOC has administered the program in Montana since 1982.

CDBG awards have been matched by an equal expenditure of public and private funds for local projects, making possible millions of dollars of public and private investment in construction activity and creating jobs for Montanans across the state. Projects that have been funded meet the goal of the CDBG program to develop vital communities by providing decent housing, healthful and safe living environments and economic opportunities to persons of low and moderate income. As presently structured, the Montana CDBG program has three grant components - housing, economic development and public facilities. Typical eligible activities include the rehabilitation of existing housing units, providing infrastructure for the construction of new affordable housing or directly constructing new affordable housing under the sponsorship of a non-profit organization. The Department publishes application guidelines which contain further information for local governments seeking assistance from the CDBG program.

Montana Health Facility Authority

The Montana Health Facility Authority (MHFA) issues revenue bonds or notes to finance or refinance projects involving construction or renovation or equipment purchases for public or private non-profit health care programs. The MHFA lends its bond proceeds to participating health care facilities at interest rates below those offered by tax-exempt commercial lending institutions thereby substantially lowering the facilities' borrowing costs. In some instances however, the MHFA includes commercial lending institutions in the financing to provide credit enhancement or private placement for the bonds. The MHFA may issue its notes and bonds which are not general obligations of the state to a single entity or to several participating health care facilities. Eligible health facilities may include hospitals, clinics.

HOME Program

Another federal program is the HOME Investment Partnerships program established under the National Affordable Housing Act of 1990, and administered in the state by MDOC, Housing Division. HOME program funds are provided to eligible local governments and certified Community Housing Development Organizations (CHDOs) to expand the supply of decent affordable housing for low and very low-income families. The program helps build state and local capacity to design and carry out affordable housing programs, provides financial and technical assistance to participating jurisdictions including model program development and strengthens partnerships among all levels of government and the private sector in the development of affordable housing. The HOME application guidelines are published each year to assist local governments and certified CHDO's in preparing applications. Since 1982 Montana HOME program has created or rehabilitated approximately \$35 million to housing for low and very low-income families.

Section 8 Assistance

The Section 8 Existing Housing program works to provide rental assistance to low income families and the elderly with decent, safe and sanitary rental units. The program operates on a first-come, first-served basis statewide. However, because the demand available units exceeds the supply the waiting list is extensive. Eligible persons or accepted for the program must find housing that meets existing HUD standards. Payments are made to the property owner on behalf of the tenant. Payments are based upon unit rent and an established portion of the tenant's adjusted gross income.

Board of Housing

Low Income Housing Tax Credit

This program provides a tax credit to the owner of rental housing when the owner agrees to restrict the rents to a specific formula amount and to rent only to tenants below maximum income level. The program specifically excludes retirement homes without significant services as well as nursing homes.

Single Family Programs

The Board of Housing operates single family home ownership programs, which assist the financing of the purchase of a home for low and moderate-income Montanans. The board's programs are financed by the sale of tax exempt bonds which allows the board to loan the funds at below market rates to qualifying individuals meeting certain annual income and purchase price limitations as well as owner occupancy restrictions. The board also has targeted single family programs for mobility impaired individuals and a cash assistance program to assist with down payment and closing costs.

GOVERNOR'S OFFICE MENTAL DISABILITIES BOARD OF VISITORS

ADDRESS

Capitol Station
Helena, Montana 59620

TELEPHONE NUMBER

444-3955
800-332-2272

CONTACT PERSON

Gene Haire, Executive Director
Colleen Nichols, Paralegal

ADDRESS

Legal Services Program
Post Office Box 177
Warm Springs, Montana 59635

TELEPHONE NUMBER

693-7035

CONTACT PERSON

Michelle Maltese, Attorney
Lenore Manning, Paralegal

DESCRIPTION OF SERVICES

The Mental Disabilities Board of Visitors serves institutionalized persons with developmental disabilities and persons in the institution and community who are mentally ill. The services/duties of the Board are legislatively mandated. The services include:

- a. Review of patient care and treatment at the following facilities:
Eastmont Human Services Center, Montana State Hospital, Montana Developmental Center, Montana Mental Health Nursing Care Center, and regional mental health centers and their satellites.
- b. Assistance to any person in resolving any grievance with regard to their commitment and/or treatment.
- c. Provides legal representation for persons at Montana State Hospital and MDC.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Persons residing in Montana institutions operated or under contract to the State of Montana or persons receiving services in Montana's community mental health centers.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

The Board is responsible for reviewing care and treatment at approximately 90 programs in Montana. The Board provides legal representation for approximately 450 recommitment hearings at Montana State Hospital and Montana Developmental Center and is the legal representative at approximately 100 guardianship hearings at Montana State Hospital and Montana Developmental Center. The Board is also the representative payee for approximately 40 people at Montana State Hospital.

1997 BUDGET

\$138,000 for operations and benefits

LEGAL AUTHORIZATION(

FEDERAL

N A

STATE

Sections 53-20-101, MCA

Section 53-21-101, MCA

GOVERNING/ADVISORY BODY

The Mental Disabilities Board of Visitors is administratively attached to the Governor's Office and is operated through a five member Board.

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

The Department of Public Health and Human Services (PHHS) is the major state administering agencies responsible for overseeing community based services for Montana's population of persons with developmental disabilities. The primary agency within PHHS administering the community based array of services is the Disabilities Services Division, Developmental Disabilities Program.

DISABILITIES SERVICES DIVISION DEVELOPMENTAL DISABILITIES PROGRAM

ADDRESS

Post Office Box 4210
Helena, Montana 59604

TELEPHONE NUMBER

444-2995

CONTACT PERSON

Joe Mathews, Administrator

DESCRIPTION OF SERVICES

The Developmental Disabilities Program (DDP) contracts with private, not-for-profit corporations for services to persons with developmental disabilities. These services are located in communities throughout Montana and provide an array of individualized residential, vocational and other support opportunities depending upon their needs and abilities. Currently, approximately 3,300 people are receiving one or more community-based services funded through DDP.

WORK AND OTHER DAY SERVICES INCLUDE:

Intensive Services - Intensive services provide day training to adults who may not ready for vocationally oriented programs. Many of these people have few primary self-help skills, some have physical handicaps and some have significant behavior problems. These programs must have higher staff ratios to serve persons with more intensive training needs. The goal of this service is to prepare people to move to other vocationally-oriented work services.

Combination Supported Work/Facility Based Services - These services are provided to adults and include the majority of work service programs in the state. These programs provide a range of services from functional academics, job skill training, and supported work for which persons receive pay for their efforts either in-house or in integrated settings.

Facility-based Services - These services are provided in seven facilities. These programs provide services similar to work activity centers but generally have more specific work

available and easier access to rehabilitation services and potential job placements. The goal of this service is to prepare for supported or competitive employment.

Supported Employment - This service provides job placement for individuals into competitive or supported employment in the community. Training for the job and follow along services are provided. This service exists in sixteen communities.

Senior Programs - These programs are not vocationally oriented, but rather provide training and activities more specific to the needs of the elderly, such as socialization skills, leisure skills, community activities and maintenance of self-help skills. These services better meet the need for a more relaxed, flexible program with less emphasis on employment. There are six senior day programs located in Big Sandy, Billings, Butte, Great Falls, Missoula and Helena.

HOME BASED SERVICES TO FAMILIES INCLUDE:

Family training and support, respite and specialized family care services are provided to natural and foster parents of children with developmental disabilities. Program headquarters are located in Glasgow, Miles City, Billings, Great Falls, Helena and Missoula. Each of these programs provide outreach services in multi-county areas.

Family Education & Support - Family training provides training to parents in teaching their own child, and assistance and support to families in order to meet the challenges associated with having a family member with a disability.

Respite Services - Respite services provides for temporary relief periods to parents from the continuous care of a family member with a disability. **Intensive Family Education and Support Services** - Intensive family education and support provides case management and extra support services for natural and foster families to better enable them to keep their children at home.

Supplemental Training & Support Services (OPI) - This program provides supplemental training and related services such as physical therapy and speech therapy to pre-school children using Chapter 1 funds provided through Public Law 89-313 and Public Law 100-297.

Part H Program - This federal program gives children birth to 36 months, who meet state-established eligibility criteria, entitlement to early intervention and family support services.

RESIDENTIAL SERVICES INCLUDE:

Children's Community Homes - These homes are intended to serve only children who cannot remain in natural, foster, or adoptive homes. Many of these children have serious physical and medical disabilities, most are learning primary self-help skills like feeding and dressing, and some have challenging behaviors. There are eight children's group homes.

Intensive Community Homes - These homes are needed to serve adults who have very low self-help skills or have challenging behaviors. These homes provide a more intensive level of training and supervision with fewer residents and a higher staff ratio. The goal of this service is to prepare the individual to move to a less restrictive, regular adult group home. There are 300 persons receiving these services.

Adult Community Homes - The majority of adults receiving residential services are living in eight-person group homes. Training is provided to help people become more independent in skills, such as cooking, housekeeping and leisure time. The goal of this service is to enable people to move to transitional or independent living. There are approximately 50 adult group homes in the state.

Senior Community Homes - These homes serve elderly persons. Training is provided, with the primary intent to maintain the individual's skills. There are five senior group homes each serving six - eight persons.

Supported Living Services - Supported living services are individually tailored arrangements of resources and supports that enable people to live in more integrated and normal ways. The key feature of supported living is that the type of service provided is based on the individual's strengths, needs and preferences not on a preconceived model of service. Approximately 450 - 500 persons receive these services.

SUPPORT SERVICES INCLUDE:

Adaptive Equipment - This service provides statewide adaptive equipment and consultation services for persons with physical handicaps and developmental disabilities. The program designs and provides specialized equipment such as wheelchairs.

Evaluation and Diagnosis Services - These services provide comprehensive evaluation services to determine handicapping conditions and recommend needed treatment and training services. There are two programs located in Missoula and Miles City.

Transportation - This service transports people to day training programs and to access the community.

INSTITUTIONAL SERVICES

The Department of Public Health and Human Services is responsible for the operation of the following Montana facilities that provide institutional services to persons with developmental disabilities:

Montana Developmental Center

The Montana Developmental Center (MDC) is one of the two primary institutional ICF/MR's congregate care facilities in the state providing residential services to persons with developmental disabilities. On July 1, 1970 the population at MDC stood at 865. At that time the newly appointed superintendent established deinstitutionalization as the institution's primary method of institutional reform. Shortly thereafter, a nine-year plan of resident placement was developed, with the goal

for 1979 of a reduction of 665 individuals to a target population of 200. Currently, this facility provides care, treatment, training, education and necessary medical treatment for approximately 100-110 persons with mental retardation/developmental disabilities.

Eastmont Human Services Center

Eastmont is the other institutional congregate care facility in the state, providing residential services similar to those at MDC. This ICF/MR facility serves a population of approximately 50 persons who are primarily considered to benefit from a smaller, residential-type facility but who are on waiting lists for appropriate community services. Persons served at Eastmont have:

1. Severe self care deficits;
2. As a group are predominantly ambulatory;
3. Do not have severe behavioral problems and;
4. Do not have severe nursing or medical problems.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Eligibility for services is dependent upon the persons having a condition that meets the Montana definition of a developmental disability. No current services are offered on an entitlement basis, with the exception of services for children ages 0 - 36 months will are eligible for Part H services. All other services are currently offered limited upon available service positions. There are no financial eligibility restrictions. For institutional services, eligible persons must be a resident of the state of Montana and have a disability that meets the current Montana definition of a severe developmental disability.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

Approximately 3,450

1997 BUDGET

Approximately \$65,000,000

APPLICABLE FEDERAL AND STATE LEGISLATION

FEDERAL

Public Law 97-35	Home and Community Based Waiver under Medicaid
Public Law 99-457 Part H	Provides for services to children age 0-36 months
Public Law 89-313	Relating to Chapter I in-home services to preschool age children
Public Law 100-297	Relating to Chapter I in-home services to preschool age children
42CFR PART 400	Describes Medicaid Requirements for Long Term Care Facilities for Persons with Mental Retardation

Section 53-20-201 et. seq. MCA Provides the general state authority for the operation of the developmental disabilities service system.

Section 53-20 MCA Describe laws relating to institutional services to persons with developmental disabilities.

GOVERNING/ADVISORY BODY

The Developmental Disabilities Program is managed by an administrator who is responsible to the Director of the Department of Public Health and Human Services. The Developmental Disabilities Planning and Advisory Council and the five Regional Councils for Persons with developmental disabilities provide advice to the Department and the Program relating to the type level and quality of services offered in the State.

VOCATIONAL REHABILITATION PROGRAM

ADDRESS

111 Sanders
Post Office Box 4210
Helena, Montana 59604-4210

TELEPHONE NUMBER

444-2590

CONTACT PERSON

Joe Mathews, Administrator

DESCRIPTION OF SERVICES

The Vocational Rehabilitation Program of the Department of Public Health and Human Services provides a variety of services to eligible Montanans with disabilities. These services are designed to help the person with a disability make informed choices and decisions and achieve employment and full inclusion into society. Vocational Rehabilitation has a staff of trained Rehabilitation Counselors, Rehabilitation Teachers, and Orientation and Mobility Specialists who provide service on a one to one basis. Services provided include, but are not limited to diagnostic evaluations, guidance and counseling, training, physical and mental restoration, rehabilitation technology, supported employment, on the job training, job seeking skills, job placement and follow-up.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

An individual is eligible for vocational rehabilitation if they have a physical or mental disability which for such individual constitutes or results in a substantial impediment to employment and if they require vocational rehabilitation services to prepare for, enter, engage in or retain gainful employment. Eligibility is not based on financial resources, however services are provided in conjunction with a financial needs test as per Montana Administrative Rules.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996
Montana's Vocational Rehabilitation Program will serve approximately 7,000 eligible clients during the year. A small percentage of this number were persons with developmental disabilities.

1997 BUDGET

\$13,993,000.

LEGAL AUTHORIZATION

FEDERAL

Public Law 102-569

STATE

Section 53-7-1 MCA

GOVERNING/ADVISORY BODY

There are two advisory councils who provide advice to MVR. They are:

Vocational Rehabilitation Advisory Council

State Independent Living Council

HEALTH POLICY AND SERVICES DIVISION

ADDRESS

Cogswell Building

PO Box 202951

Helena, Montana 59620-2951

TELEPHONE NUMBER

444-4540

CONTACT PERSON

Nancy Ellery, Administrator

MEDICAID SERVICES BUREAU

DESCRIPTION OF SERVICES

The Health Policy and Services Division of the Department of Public Health and Human Services is responsible for the operation of the acute and primary care components of the medicaid program and public health programs. The following are descriptions of those programs, which may impact persons with developmental disabilities. It should be noted that approximately 20% of persons currently receiving services within the developmental disabilities system in the state are not eligible for Medicaid services, primarily as a result of financial restrictions based upon income/assets that persons may have.

TARGETED CASE MANAGEMENT

Targeted case management is available for persons with developmental disabilities

through services provided by the Disabilities Division of the Department of Public Health and Human Services (as of 7/1/94) and private corporations sub-contracted through PHHS. Targeted case management services will be available to persons 16 years and older who are eligible for Medicaid and have a developmental disability as defined under Montana law. The move to targeted case management may allow for expanded services from case management personnel.

AUDIOLOGY SERVICES

Audiology services under the Medicaid Program are those services dealing with hearing aid evaluation and basic audio assessment. These services may only be provided to Medicaid eligible persons diagnosed with hearing disorders by a licensed audiologist upon referral by a physician.

VISUAL SERVICES

Optometric services are medical services related to the care and treatment of the human eye. Under the Medicaid program optometric services are services provided by a licensed optometrist or ophthalmologist in accordance with Federal and State statutes, rules, regulations, and other licensure requirements. All services must be within the scope of professional practices as defined by law. Reimbursement is limited to medically necessary services rendered to Medicaid eligible clients.

PHYSICAL THERAPY

Physical therapy as defined under the Medicaid Program is the evaluation, treatment, and instruction of clients to assess, prevent, or correct physical disability. Physical disability includes bodily malfunctions, pain, injury, or any bodily mental disability. Treatment may include physical measures, activities, devices, exercises, rehabilitative procedures, massage, mobilization, and physical agents. Physical therapy may also include the administration, interpretation, and evaluation of tests and measurements of bodily functions, pain or injury.

PODIATRY SERVICES

Podiatry services are medical services related to the care and treatment of the human foot. Under the Medicaid program podiatry services must be provided by a licensed podiatrist in accordance with Federal and State statutes, rules, regulations, and other licensure requirements. All services must be within the scope of professional practices as defined by law.

SPEECH PATHOLOGY

Under Montana's Medicaid Program speech pathology includes those diagnostic, screening, preventive, and corrective services provided by a licensed speech therapist, upon physician referral, to Medicaid eligible persons with speech and language disorders.

OCCUPATIONAL THERAPY

Outpatient occupational therapy means medically directed treatment of physically or mentally disabled persons by means of constructive activities designed and adapted by

a qualified occupational therapist to promote the restoration of useful function.

DENTAL SERVICES

Dental Services are those services for the treatment of teeth and associated structures of the oral cavity and treatment of disease, injury or impairment which may affect the oral and general health of the individual. This service includes dentures. Dentures are artificial structures made by or under the direction of a dentist to replace a partial or full set of teeth. These services must be provided by licensed dentists or licensed dental hygienists under the supervision of a dentist. Dentures may be provided by a licensed denturist when they are prescribed by a licensed dentist. All services must be in the scope of professional practice as defined by law. Medically necessary routine dental care including certain prophylactic procedures are available through the Medicaid Program. Certain services and procedures such as, crowns, bridges, endodontist procedures, periodontal procedures, dentures, and orthodontic procedures are available only after review and approval by the Medicaid dental consultant.

OUTPATIENT HOSPITAL SERVICES

Outpatient hospital services are provided under the direction of a physician or dentist and may be preventative, diagnostic, therapeutic, rehabilitative or palliative. Services are limited to emergency room services and services provided in a hospital that would also be covered by Medicaid in a non-hospital setting (i.e., outpatient surgery, physical therapy, etc.)

PHYSICIAN SERVICES

Health care services provided by physicians include: primary health care and surgical treatment; diagnostic and evaluation services; psychiatric services; and, pain control and health maintenance care for the terminally ill recipients. Physicians offer their services in a variety of settings; office, surgical centers, clinics, outpatient or inpatient hospital settings.

PHARMACY SERVICES

Drugs, or pharmacy services, are those services provided by a registered pharmacist currently licensed by the State Board of Pharmacists for the dispensing of medication as prescribed by an authorized practitioner. These medications require a prescription from a medical professional. Treating illness with prescription drugs is usually much less expensive and often as effective as alternatives such as hospitalization or surgery. For this reason the pharmacy program represents one of the most cost effective Medicaid services.

FAMILY PLANNING AND STERILIZATIONS

Family Planning services are provided by physicians, mid-level practitioners, and family planning clinics enrolled in the family planning program of the Montana Department of Public Health and Human Services. Family Planning services include annual routine and initial visits for physicals, medical counseling, contraceptive supplies and related laboratory services. Permanent sterilization services are also family planning services. Sterilizations are strictly controlled by the federal

government. Informed consent must be obtained from the recipient at least 30 days prior to sterilization. Family Planning services are proven cost effective. A recent study shows that for every government dollar spent on family planning, an average of \$4.40 is saved as a result of reduced expenditure on medical, welfare and nutritional services.

DURABLE MEDICAL EQUIPMENT (DME)

Durable Medical Equipment includes medical supplies and equipment suitable for use in the home. This category includes disposable supplies, enteral feeding supplies (tube feeding), minor equipment items (canes and walkers), major equipment items (wheelchairs, prosthetic devices and oxygen).

LABORATORY AND X-RAY SERVICES

Laboratory and X-ray Services are provided in outpatient hospital settings, and individual physician or medical clinic offices. These services are used to diagnose or monitor existing medical conditions under active treatment. These services may prevent more costly medical services if conditions remained undiagnosed or not properly managed by the physician. Included in the reimbursement of these services is the physician's analysis of a lab test, specialized radiation services for cancer treatment and newly developed diagnostic tests.

HOME INFUSION THERAPY

This service allows persons to receive intensive drug therapies in their own homes which were once only available in a hospital setting.

HEARING AIDS

Hearing aids are any wearable instrument or device designed for or offered for the purpose of aiding persons with impaired hearing. A hearing aid dispenser can be any person, partnership, corporation or association engaged in the sale, lease, or rental of hearing aids to a Medicaid recipient.

EYEGLASSES

Eyeglasses means complete lenses and frames dispensed through a volume purchasing contract with Walman Optical prescribed by a licensed optometrist or ophthalmologist.

TRANSPORTATION

Medical transportation includes travel and per diem, furnished by a common carrier, private vehicle, air charter, or a non emergency specialized vehicle to secure medically necessary examination and treatment for a Medicaid recipient. Contract with Montana/Wyoming Foundation for medical care for prior-authorization of non-emergency transportation.

AMBULANCE SERVICES Emergency ambulance services are transport services provided for a sick or injured person who requires immediate medical attention by a licensed ambulance provider. Non-emergency ambulance services are those services provided by a licensed ambulance provider in the transportation of a sick or injured

person who does not require immediate medical attention. For either service the vehicle must be specially designed and equipped in accordance with state law and be staffed by a trained ambulance attendant. Air ambulance services provided to certain newborn babies and pregnant women are reimbursed at cost as an outpatient hospital service

CLINIC SERVICES

Clinic services include preventive, diagnostic rehabilitative, or palliative items or services provided on an outpatient basis by a facility that is not part of a hospital, but is organized and operated to provide medical care to recipients. Clinic services may be provided in mental health centers, diagnostic centers, surgical centers and public health clinics .

-MID LEVEL PRACTITIONERS

Mid-level practitioners are advanced practice nurses - certified nurse anesthetists, nurse practitioners and certified nurse midwives - and physician assistants. They are licensed to provide primary health care services. They work in collaboration with physicians and may be either independently employed or an employee of the physician. The level of service a nurse practitioner may provide is dependent upon their individual certification and the protocol developed with their collaborative physician. Currently 75 mid-level practitioners participate in Medicaid. Mid-level practitioners are frequently employed in rural Montana communities and provide medically necessary services when a physician isn't available. Many rural based physicians would be limited in providing surgical services without the certified nurse anesthetists because a physician specializing in anesthesiology isn't available.

EPSDT SCREENS AND SERVICES

The Early Periodic Screening Diagnosis and Treatment Program (EPSDT) is a program to provide child health screening and treatment of health problems. The EPSDT program provides services to children under 21, which are not available to adults. These services include therapeutic youth group homes, private duty nursing, chiropractic, chemical dependency treatment, respiratory therapy and nutritionist services. The EPSDT program can also provide such services as outreach, coordination medical care arrangement for appropriate and cost effective care, family health education

INPATIENT HOSPITAL SERVICES

Inpatient hospital services are medically necessary services furnished to Medicaid recipients under the direction of a physician or dentist in an inpatient hospital setting. Payment for most in-state hospitals is made on the basis of a prospective payment system (PPS) developed by the state and is based on the Medicare Diagnosis Related Group (DRG) system, which classifies inpatient services into one of 492 groups. Additional payments are made to hospitals which serve a disproportionate share of Medicaid or low income patients, for capital related costs, for medical/nursing education costs and for extremely long or costly stays.

Out-of-state hospitals, small rural in-state hospitals and certain exempt units of in-state hospitals (rehabilitation units) are reimbursed on a facility specific percentage of charge basis based on cost reports submitted to the Division. Out-of-state services include, but are not limited to, services that are not available in Montana (i.e., some levels of neonatal intensive care services) or services that are necessary or more cost effective to treat out-of-state (i.e., services to foster care placements outside Montana).

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Persons must be eligible for Medicaid services.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

Approximately 80% of persons receiving services under the Montana definition of developmental disabilities are eligible for Medicaid services. This translates to approximately 2450 persons.

1997 BUDGET

\$191,511,595 is projected to be spent for the Medicaid program in 1997 to serve approximately 98,411 persons.

LEGAL AUTHORIZATION

FEDERAL

Title XIX of the Social Security Act - 42 USC 1396 et. seq.(

STATE

Section 53-6-101 et. seq.

FAMILY AND COMMUNITY HEALTH BUREAU

SPECIAL HEALTH SERVICES SECTION

FAMILY PLANNING SECTION

NUTRITION SECTION

PERINATAL AND INFANT HEALTH SECTION

COMMUNITY DEVELOPMENT SECTION

ADDRESS

Cogswell Building
1400 Broadway
Helena, Montana 59620

TELEPHONE NUMBER

444-4740

FAX 444-2606

CONTACT PERSON

Maxine Ferguson, Bureau Chief,
Family and Community Health Bureau

DESCRIPTION OF SERVICES

The Department of Public Health and Human Services (DPHHS), Family and Community Health Bureau is responsible for provision of services as follows:

The Family and Community Health Bureau (FCHB) serves as the Department's chief resource for maternal and child health services from preconception through infancy, childhood, adolescence and women's reproductive years and including children with special health care needs and development and support of local public health services, particularly public health nursing and school health services. Bureau staff provides technical and other support to the MIAMI Advisory Council (and is the primary Department contact with the US Department of Health and Human Services for the Maternal and Child Health Block Grant, Title X Family Planning and the Centers for Disease Control and Prevention and the United States Department of Agriculture for the Supplemental Nutrition Program and Women, Infants and Children (WIC) Special Health Services Section (SHSS).

The Special Health Services Section is concerned with the prevention, early detection, diagnosis, treatment and rehabilitation of physical, developmental, behavioral or emotional conditions requiring health and related services of a type beyond that required by children generally. Services are provided to children who meet income guidelines. Eligibility for the program is determined by the severity of the handicapping condition, gross family income, family size, and availability of alternative sources of payment, such as private insurance or Medicaid. For those eligible, SHSS pays for evaluation and diagnostic services, hospitalization, and other services as needed. Home visiting services are provided by local public health departments and public health nurses. Funding is provided through the federal Maternal and Child Health Block Grant and state general funds. SHSS also sponsors medical specialty clinics for children with cardiac, cleft/craniofacial, neurological, metabolic and arthritic conditions. SHSS also administers the Professional Home Visiting Service program for infants and children at risk for adverse outcomes in 15 counties.

Family Planning

The Family Planning Section promotes comprehensive reproductive health care by providing services and education. Comprehensive family planning services include counseling, physical exams, breast exams and annual cervical cancer screening, diagnosis and treatment of sexually transmitted diseases, pregnancy testing, immunizations for Rubella and referral for identified medical problems. Funding is provided through federal Title X of the Public Health Service Act and Title V MCH Block Grant funds and state general funds.

Nutrition Section

The Nutrition Section assists low-income pregnant and breast feeding women, women who have recently given birth, and infants and children up to age five. The program provides nutrition assessment, education and counseling to improve eating behavior; supplemental food with high nutritional value; and access and referral to health care providers and programs. The program is funded with a USDA grant,

administered by DHES through State rules. Perinatal and Infant Health Section.

The Perinatal and Infant Health Section

The Perinatal and Infant Health Section administers the MIAMI project (Montana's Initiative for the Abatement of Mortality in Infants) which has four components: low birthweight and high risk pregnancy prevention, infant mortality review, public education and Medicaid charges for pregnant women). Professional education for community and hospital-based staff is facilitated by the program. Funding is from the MCH Block Grant and the state general fund. Community Development Section Counties are assisted in meeting the health needs of mothers and children through allocation of federal Maternal and Child Health Block Grant funds. Counties must determine their own priorities, based on needs identified in the county.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Eligibility guidelines and financial restrictions are determined on a program by program basis.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

Data regarding persons with developmental disabilities are not separately accounted

1997 BUDGET

\$4,639,801 for the Bureau

APPLICABLE FEDERAL AND STATE LEGISLATION

FEDERAL

Title V of the Social Security Act (as amended)

Authorization for MCH Block Grant

Maternal and Child Health Block Grant

Title X of the Public Family Planning Health Services Act

STATE

Section 50-1-202, MCA

Program Authorization

Section 50-19-301, MCA

Authorizes MIAMI Program

GOVERNING/ADVISORY BODY

The Special Health Services Section is advised by an advisory committee. The MIAMI Project is advised through an eight member council.

ADDICTIVE AND MENTAL HEALTH DISORDERS DIVISION

ADDRESS

1400 Broadway, Room C-118

PO Box 202951

Helena, Montana 59620-2951

TELEPHONE NUMBER

(406) 444-3964

CONTACT PERSON

Dan Anderson, Administrator

DESCRIPTION OF SERVICES

The State of Montana Addictive and Mental Disorders system consists of an operations section; an inpatient services component which includes the Montana State Hospital, the Mental Health Nursing Care Center and the Montana Chemical Dependency Center; a managed care section which monitors the managed care contract for mental health services; and a treatment and prevention section.

Operations Component

The operations component provides the fiscal, budget, contract management and information services for the division.

The Montana State Hospital Warm Springs Campus, serves adults who need evaluation or treatment for serious mental disorders. The hospital serves: people who are admitted involuntarily by a District Court because a mental disorder has resulted in injury to self, injury to others, threat of injury or inability to care for self; people who are admitted voluntarily because available community programs are not able to provide appropriate services; people who are defendants in criminal proceedings who are sent to the State Hospital for an evaluation to determine whether they are or were when the crime was committed mentally ill; and people who have been convicted of a crime and who are sentenced to the State Hospital in lieu of prison. The State Hospital also occasionally provides detention of persons who are alleged to be seriously mentally ill pending a court hearing. A small population (approximately 10-15 persons) with secondary diagnosis of developmental disabilities typically receive services in the facility.

The Montana Mental Health Nursing Care Center serves individuals who have behavior problems related to mental disorders and require nursing home care but who do not require active treatment for mental illness. The patient's behavior must prevent services in other nursing home centers. The Center serves approximately 130 patients and typically has a small and changing population of persons (approximately 5 to 10) with a secondary diagnosis of developmental disability.

The Montana Chemical Dependency Center serves persons who need chemical dependency treatment services with an average length of stay of 20 days. The Center is a 70 bed facility which typically has a small and changing population (approximately 10-15 persons with a secondary diagnosis of developmental disabilities.

Managed Care Component

The managed care component oversees the mental health access plan, including the managed care contract and federal waiver; the grievance process; and outcome analysis of the mental health access plan.

The Department contracts with Montana Community Partners, a managed care organization, to manage and assure services for youth with emotional disturbance or adults with severe disabling mental illness. To be eligible a person must be medicaid eligible, or be a youth with a severe emotional disturbance or an adult with a severe and persistent mental illness and have an income at or below 200% of poverty. The number of persons with a secondary diagnosis of developmental disability receiving mental health services in the community has not been determined. The treatment and prevention component provides program planning and coordination of the entire system. Responsibilities include: 1) addressing the issues of recruitment and retention of qualified staff at all levels of the system, 2) identifying the need for special programs such as dually diagnosed, sexual offenders, the homeless, and American Indian; 3) planning for orderly system response to new needs, opportunities and challenges in compliance with state (53 - 202 MCA) and federal regulations; 4) planning for orderly system response to new needs, opportunities and challenges in compliance with state (53- U24-201 MCA) and federal regulations for substance abuse treatment and prevention; 5) assuring that the addictive and mental disorders system complies with applicable requirements, including those imposed by funding and licensing agencies; 6) federal liaison for monitoring of mental health services and substance abuse prevention and treatment block grants; and authorizing transfer of patients between state facilities and into and out of Montana via the Interstate Compact on Mental Health.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Persons must have a diagnosed addictive and/or mental disorder needs.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

Approximately 50 persons received services in addictive and mental health residential facilities. The number of persons receiving community addictive and mental disorders services has not been estimated.

1997 BUDGET

Approximately \$37,000,000. Of this amount only a small portion would have been allotted to services for persons with developmental disabilities residing in Montana State Hospital, Mental Health Nursing Care Center, or Montana Chemical Dependency Center.

GOVERNING/ADVISORY BODY

The agency is advised by a 27 member council that meets quarterly.

LEGAL AUTHORIZATION

FEDERAL

PHS Act Part C, Title V:
Public Law 100-628

Public Law 99-660:

Stewart B. McKinney Homeless Assistance Act
Mental Health Services for the Homeless Block
Grant.

Federal mental health planning requirements.

STATE

Section 53-6-301, MCA	Defines the mission of Montana State Hospital
Section 53-21-1, MCA	Describes mental health commitment procedures and patient rights
Section 53-21-2, MCA	Describes Department responsibilities for mental health and authorizes formation of regional community mental health organizations.
Section 53-21-4, MCA	Defines the mission of Mental Health Nursing Center
Section 53-21-506, MCA	Prohibits admission of children to Montana State Hospital

GOVERNING/ADVISORY BODY

The agency is advised by a 20 member council that meets quarterly.

FAMILY SERVICES DIVISION**ADDRESS**

Post Office Box 8005
Helena, Montana 59604

TELEPHONE NUMBER

444-5900

CONTACT PERSON

Shirley K. Brown, Administrator
Protective Services Division

DESCRIPTION OF SERVICES

The Department of Family Services was created by the Montana Legislature during the 1987 session and assumed responsibility for services relating to adults, families and youth formerly provided by the Department of Social and Rehabilitation Services (SRS) and the Department of Corrections and Human Services. As it relates to services for persons with developmental disabilities, the DFS provides the following services:

Child and adult protective services,
Adoption, foster care, and day care programs,
Licensing of adoption, foster care and day care program facilities, licensing of group homes for persons with developmental disabilities,
Information and referral services,
Health related services as necessary and appropriate
Institutional placement and counseling, as needed
Administration of the State Supplemental Payment program

DFS provided protective services to over 350 persons with developmental disabilities

in the last year. DFS protective service workers develop comprehensive case plans for services to both children and adults.

DFS staff license approximately 100 group homes and 100 to 110 foster homes serving adults and children with developmental disabilities throughout the state as a small part of their overall licensing responsibilities. As apart of this process DFS staff interview applicants, investigate references, complete a study of the home or facility, verify approval from the Department of Public Health and Human Services and the State Fire Marshal and make a recommendation for licensure.

Through the State Supplemental Payment program, DFS provides a \$94.00 per month state supplement for approximately 450 persons with developmental disabilities in group homes, \$52.75 per month for over 70 children and adults in foster care and \$26.00 per month for 110 adults in transitional living services for the persons with developmental disabilities.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Person seeking services must have a developmental disability as defined by Montana law and be deemed eligible by the Department.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

Approximately 350 persons receive services in 1996.

1997 BUDGET

The Department as a whole allocated \$34,212,447 in 1996 for all services.

LEGAL AUTHORIZATION

FEDERAL

Title XVI of the Social Security Act
Public Law 89-75 and 96-272

(Supplemental Security Income - SSI)
Outline major safeguards and
protections required for children in
foster care.

Title IV-E of the Social Security Act

Outlines the requirements for the use
of federal funds for foster care services.

STATE

Section 52-1-101, MCA
Section 53-4-101, MCA

Defines the purpose of the Department
Defines the Department's responsibility
relating to protective services to persons with
developmental disabilities.

Section 52-3-801, MCA

Defines the Department's responsibility as it
relates to prevention of abuse to persons
with developmental disabilities.

Section 53-20-301, MCA

Defines the Department's role in licensing of
facilities for persons with developmental

disabilities.

GOVERNING/ADVISORY BODY

The Department of Family Services has a statewide advisory council providing advice in relation to youth issues within the Department.

SENIOR AND LONG TERM CARE DIVISION

ADDRESS

111 Sanders
Room 210
Helena, Montana 59604

TELEPHONE NUMBER

~~444-4077~~
~~444-7743 (FAX)~~

CONTACT PERSON

Mike Hanshew, Administrator
Charlie Rehbein, Chief
Aging Services Bureau

DESCRIPTION OF SERVICES

WHAT DOES THE DIVISION DO?

Consistent with the nature of its mission, the SLTCD does a variety of activities that help promote high quality long term care for persons with developmental disabilities. The list of roles and functions performed by the SLTCD includes:

Managing payments to Medicaid funded nursing facilities;
Managing the Medicaid funded home and community long term care programs;
Educating the public about long term care issues and services;
Assisting the public in long term care planning;
Working with the private sector to promote high quality long term care services regardless of funding source;
Coordinating policy for the protection of vulnerable adults from abuse and neglect under the Adult Protective Services program;
Managing the State Supplement to SSI payments system; and
Managing Medicaid payments to Montana Developmental Center and Eastmont Human Services Center.

PROGRAM DESCRIPTIONS

Included in this section are general descriptions of the programs in the Senior and Long Term Care Division.

Medicaid Nursing Facility Services provides payment for short and long term nursing care for Medicaid eligible persons. Nursing facility services are provided in 96 intermediate and skilled nursing facilities in 52 Montana counties. Sixty-two percent of

nursing facility beds are funded through the Medicaid program. The reimbursement provided by Medicaid assures that annually more than 5,600 of Montana's Medicaid eligible elderly persons and persons with disabilities receive quality nursing facility services.

Medicaid Personal Care

Personal care services are medically oriented in-home services provided to Medicaid recipients whose health problems cause them to be functionally limited in performing activities of daily living. These services include activities related to a recipient's physical health and personal hygiene, such as bathing, dressing, feeding, grooming, routine hair and skin care, toileting, help with self administered medications, limited homemaking tasks, and escort for medical related travel.

Personal care services must be prescribed by a physician, supervised by a registered nurse and provided in the home setting. The nurse must supervise the attendant and make scheduled home visits to review the plan of care, assess the quality of services provided, and provide training to the attendant. The personal care attendant may be paid only for the hours and tasks authorized by the supervising nurse as listed in the individual plan of care.

Medicaid Hospice and Home Dialysis Programs

Hospice and Home Dialysis are small, but important, Medicaid home-based services funded through the SLTCD. Hospice is a program that provides health and support services to the terminally ill and their families. The approach to treatment recognizes the patients impending death and as a result palliative care, rather than curative care is delivered. Services are mainly provided in the recipients home to augment services being provided by family or other care givers.

The hospice service package includes the following when delivered in direct relationship to the terminal condition; nursing, medical social services, physician services, bereavement counseling, dietary consult, inpatient care for acute pain, family respite, nursing facility room and board, durable medical equipment, pharmaceuticals and therapy services. Each recipient receives a mix of these services based upon their specific plan of care.

Home Dialysis services are in home services provided to persons with a diagnosis of "End Stage Renal Disease". Services are provided by a trained attendant or a registered nurse. The attendant/nurse assists the recipient in performing the dialysis procedure and cares for the dialysis equipment. Home dialysis care is provided under the direction of a physician. Medicaid payment is made for attendant/nurse assistance only, and is made only to non-related individuals.

State Supplement Payment Program (SSI)

The State Supplemental Payments program provides monthly supplemental payments to individuals eligible for federal Supplemental Security Income (SSI) who reside in certain designated types of licensed residential facilities (identified below).

The SSI program includes the aid to persons with developmental disabilities which was put under federal administration by the 1974 amendments to Title XVI of the Social Security Act.

Those same amendments authorized states to supplement the SSI payments to individuals. DPHHS has a contract with the Social Security Administration to administer the payments in this program. The state supplemental payment becomes a part of an eligible individuals monthly SSI check. DPHHS reimburses the Social Security Administration on a quarterly basis for the state supplemental payment amounts they paid out and for transaction costs.

The SSI program provides a monthly payment to any individual who is eligible for it and who resides in the following types of living situations:

a.	community group homes	\$94.00
b.	personal care homes	\$94.00
c.	children and adult foster care homes	\$52.75
e.	developmental disabilities in transitional living	\$26.00

The average number persons receiving monthly state supplemental payments during FY96 was 1,005. The funding for the SSI program is 100% state general funds. In FY96 State Supplement payments totaled about 1.0 million dollars. The majority of the State Supplement payments go to people living in group homes for people with developmental disabilities.

State Institution Reimbursement

Under the Department of Public Health and Human Services, the two state operated institutions for persons with developmental disabilities receive reimbursement under the Medicaid institutional reimbursement program of the Senior and Long Term Care Division. Two of the facilities, Montana Developmental Center (MDC) and Eastmont Human Services Center, are funded as Intermediate Care Facilities for the Mentally Retarded (ICFs/MR). The states ICF's/MR are funded though a retrospective, cost based reimbursement system. The Senior and Long Term Care Division is appropriated the federal portion of the Medicaid reimbursement for these institutions. The required general fund match is appropriated to the Disabilities Services Division for Eastmont and MDC. Like other Medicaid services, institutional reimbursement is at the state match rate of approximately 30% state funds and 70% federal funds.

The Office on Aging develops the State Plan on Aging and approves, monitors, assesses, and reports on the plans and service delivery programs funded under the Title III of the federal Older Americans Act. Services are provided through contracts with local Area Agencies on Aging (AAA's), a network of eleven private community agencies that serve as focal points for planning and providing services, as well as educating and informing seniors about long term care and other important issues. Each of the eleven AAA's is responsible for a specific geographic area of the state.

Primary services for Montana's elderly through these eleven Area Agencies on Aging include:

-Senior centers	-Congregate meals	-Meals on wheels
-Transportation assistance		-Homemaker services
-Home chore services	-An array of health services	-Information

The Office on Aging also offers a variety of other programs providing education and assistance to senior citizens, including:

The State Long Term Care Ombudsman is the advocate for all residents of long term care facilities (mainly nursing homes and personal care homes). Across the state 42 local Ombudsmen act as access points for consumers, providing information or direct assistance regarding concerns or complaints about the health, safety, welfare and rights of residents.

Adult Protective Services is currently located in two DPHHS divisions. The Senior and Long Term Care Division develops policies for the Adult Protective Services (APS) program in conjunction with the Child and Family Services Division (CFSD). Field staff from the CFSD provide the adult protective services across the state. Services are coordinated through an agreement between the two divisions. The type of adult protective services provided or arranged for by Children and Family Services field staff are: investigation of referrals of abuse and neglect, information and referral, case counseling, assistance in utilizing family and community resources, strengthening current living situations, removing persons from unsafe situations, developing and protecting a person's financial and property resources, and as a last resort, seeking protection of disabled adults by obtaining appropriate legal intervention through the courts.

State Supplemental Payments supplement the Social Security Supplemental Income (SSI) payments to SSI eligible individuals who reside in designated residential care facilities. The payments help cover the cost of room and board. The amount of monthly payment varies depending on the residential care facility. Facilities receiving State Supplemental payments include community homes for persons with developmental disabilities, and, persons with developmental disabilities residing in transitional living programs.

The budget of the Senior and Long Term Care Division is approximately 150 million dollars per year. The services offered by the Division are funded from a variety of federal sources, state general fund and state special revenue dollars. Approximately 30% of the Division's total budget is provided by the state. By far the largest source of funds is the federal Medicaid program. Medicaid provides funding for a variety of institutional and home and community based programs. The federal government pays approximately 70% of Medicaid expenditures, while the state provides the remaining 30% in matching funds.

MONTANA TELECOMMUNICATIONS ACCESS PROGRAM

ADDRESS

111 North Last Chance Gulch, Unit 1C
Helena, Montana 59624

TELEPHONE NUMBER

MTAP Office
444-1335 (TDD/Voice)
442-4208 (TDD)
1-800-833-8503 (TDD/Voice)
Montana Relay System
1-800-253-4091 (TDD)
1-800-253-4093 (Voice)

CONTACT PERSON

Dan Pouliot, Director

DESCRIPTION OF SERVICES

MTAP provides specialized communication services and equipment to make using the telephone easier for people who have physical limitations that interfere with hearing, speaking, seeing, dialing or holding a telephone conversation.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

To be eligible for services from MTAP, an applicant must:

1. Have a telephone handicap. The criteria for eligibility are self-certifying but MTAP may request additional information.
2. Be a resident of Montana.
3. Be able to demonstrate an ability to understand the nature and use of the equipment for the purpose of sending and receiving messages through the telephone system.
4. have a gross annual income of \$35,000 or less.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

Unknown.

1997 BUDGET

\$677,000

LEGAL AUTHORIZATION

FEDERAL

Public Law 101-336 Title IV Americans with Disabilities Act of 1990 (ADA)

STATE

Section 53-19-301 et. seq. MCA authorizes MTAP

GOVERNING/ADVISORY BODY

The MTAP is administratively attached to the Department of Public Health and

Human Services and is administered through a committee appointed by the Governor, and operates through an Executive Director.

OFFICE OF PUBLIC INSTRUCTION

DIVISION OF SPECIAL EDUCATION

ADDRESS

Post Office Box 202501

Helena, Montana

TELEPHONE NUMBER

444-4429

- CONTACT PERSON

Robert Runkel, Administrator
Division of Special Education

DESCRIPTION OF SERVICES(

OFFICE OF PUBLIC INSTRUCTION/DIVISION OF SPECIAL EDUCATION (OPI)

In accord with 10.16.104 ARM, the Office of Public Instruction is responsible for ensuring: (1) that all students with disabilities ages 3-18 inclusive who are entitled to a free appropriate public education, are provided with a free, appropriate public education in accordance with the Individuals with Disabilities Education Act (IDEA) or federal or state statutes and regulations; (2) that when local educational agencies provide education to individuals sages 19-21, inclusive, individuals with disabilities are provided with a free, appropriate public education in accordance with IDEA; and (3) that all students with disabilities referred to or placed in private schools by a public agency receive the rights and protections under IDEA or federal and state statutes and regulations.

The Division of Special Education provides for the overall supervision, fiscal management, technical assistance and monitoring of special education programs and services statewide to children with disabilities in state operated programs, private residential placements and public schools. Fiscal management is exercised over all state and federal special education funds. The Division of Special Education conducts the following administrative activities:

Development of the State Plan for the delivery of special education services in the State (required for the receipt of federal funds). Development and dissemination of state special education policies and procedures (as they relate to the education of children with disabilities. Technical assistance to school districts to assist in application for federal and state special education funds. On-Site monitoring of publicly funded education programs to ensure compliance with federal and state laws and regulations. Technical assistance to districts in program development and operation. Review of all program applications for state and federal funding to ensure they meet federal and state regulations. In addition, on-site technical assistance and parent/staff training is provided to all programs serving the deaf/blind population. The state agency's

comprehensive system of personnel development is reviewed annually through a statewide needs assessment and statewide training is coordinated and provided for district personnel with the institutions of higher education, other state agencies, parent and professional groups. Deaf/Blind Programs The Department of Accreditation and Curriculum Services, Division of Special Education is the entity within the Office of Public Instruction which is responsible for the supervision and coordination of special education within the state; the Title VI-C Severely Multihandicapped Deaf/Blind Program is a part of the Division of Special Education. Deaf/blind children are being served in the public schools throughout Montana. They have the same supportive services, and in several instances a special aide is hired to work with those children. Funding and operation of day-to-day deaf-blind education programs is provided through a combination of state, local and federal funds. All administrative activities listed above will be extended to include special education programs for children with disabilities between the ages of 3 and 6, pursuant to 20-7-411(3), MCA, which implements federal legislation mandating preschool special education services for children with disabilities.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Students must be a resident of the State of Montana and be eligible student under IDEA.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

1997 BUDGET

\$41.9 million in federal and state funds was spent in providing education to children eligible under the "Individuals with Disabilities Education Act" (IDEA).

LEGAL AUTHORIZATION

FEDERAL

34 CFR Parts 76 - 77, 79 - 82 and 85 - 86 Education Department
Administration Regulations (EDGAR)

34 CFR Part 300

Assistance to States for Education of Children

834 CFR Part 104

Nondiscrimination on the Basis of
Handicap in Programs and Activities
Receiving or Benefiting from Federal
Financial Assistance

Individuals with Disabilities Education Act
(IDEA)

STATE

Title 20 Chapter 7 Part 4 MCA

Special Education for Exceptional Children

GOVERNING/ADVISORY BODY

The Special Education Division of OPI is advised by a 15 person Special Education

Advisory Panel established under Part B of IDEA.

DEPARTMENT OF TRANSPORTATION TRANSPORTATION PLANNING DIVISION

ADDRESS

2701 Prospect Avenue
Post Office Box 201001
Helena, Montana 59620-1001

TELEPHONE NUMBER

444-4210

CONTACT PERSON

Janis Winston

DESCRIPTION OF SERVICES

The Transit Section of the Department of Transportation administers the Federal Transit Administration's (FTA), Section 5310 program. This program provides funds for the purchase of vehicles and other transit equipment (including lifts) for the elderly and persons with disabilities. The Transit Section also provides information on all aspects of passenger transportation, private, public and specialized for the State of Montana. Technical assistance is available to local providers on vehicle acquisition, maintenance, scheduling, coordination or marketing. Training workshops are given by the Transit Section or may be requested. Popular topics include drivers' training, program operations, drug testing, ADA, passenger assistance, transit board training and dispatching.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Section 5310 funding is available to qualified organizations who provide transportation services to elderly and persons with disabilities for the acquisition of vehicles and other transit equipment. Through the Department of Transportation and the Department of Public Health and Human Services (DPHHS), eligible local agencies providing transportation services to persons with disabilities may apply to the Department of Transportation for capital assistance. All requests for state or federal transportation funds must receive the approval of a local transportation advisory committee.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

NA

1997 BUDGET

NA

LEGAL AUTHORIZATION

FEDERAL

Intermodal Surface Transportation Efficiency Act (ISTEA) Section 5310.

STATE

NA

MONTANA ASSOCIATION FOR INDEPENDENT DISABILITY SERVICES

ADDRESS

Regional Services for South, Central & Eastern Montana, Inc.
Box 80185
2110 Overland, Suite 126
Billings, Montana 59108

TELEPHONE NUMBER

652-5443

CONTACT PERSON

Rhoda Miller, President

DESCRIPTION OF SERVICES

MAIDS is an organization made up of providers of service to persons with disabilities in the State. The purpose of the organization is to provide the members with a unified voice in shaping the type and level of services available in the state.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Organization must be providing services to persons with disabilities in Montana.

1997 BUDGET

No funds were spent on direct services by the organization.

LEGAL AUTHORIZATION

FEDERAL

NA

STATE

NA

GOVERNING/ADVISORY BODY

The MAIDS is governed by an Executive Committee composed of elected members.

MONTANA ASSOCIATION OF REHABILITATION FACILITIES

ADDRESS

c/o Eastern Montana Industries
Post Office Box 759
Miles City, Montana 59301

TELEPHONE NUMBER

232-3740

CONTACT PERSON
Darvin Brockway, President

DESCRIPTION OF SERVICES

MARF is a state organization of rehabilitation facilities providing an array of services for persons with disabilities. Some of these services include employment, training, job placement, job coaching, residential services, independent living services, etc. MARF exists to provide members with a "voice" to the developmental disabilities system in determining the manner in which the system is designed and operates.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

NA

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

NA

1997 BUDGET

No funds were spent on direct services by the organization.

LEGAL AUTHORIZATION

FEDERAL

NA

STATE

NA

GOVERNING/ADVISORY BODY

MARF operates through an Executive Committee. The President serves as the Committee Chair.

CENTERS FOR INDEPENDENT LIVING

ADDRESS

MONTANA INDEPENDENT LIVING PROJECT

38 South Last Chance Gulch

Helena, Montana 59601

TELEPHONE NUMBER

442-5755

1-800-735-MILP

CONTACT PERSON

James R. Meldrum, Executive Director

SUMMIT

ADDRESS

1280 South 3rd West

Missoula, Montana 59801

TELEPHONE NUMBER

728-1630

800-398-9002 (Voice/TTY)

728-1632 FAX

CONTACT PERSON

Mike Mayer, Executive Director

LIVING INDEPENDENTLY FOR TODAY AND TOMORROW

ADDRESS

929 Broadwater Square

Billings, Montana 59101

TELEPHONE NUMBER

259-5181

800-669-6319 (Voice/TTY)

259-5259 (FAX)

CONTACT PERSON

Ms. Pat Lockwood, Executive Director

NORTH CENTRAL INDEPENDENT LIVING SERVICES, INC.

ADDRESS

1120 25th Avenue NE

Black Eagle, Montana 59415

TELEPHONE NUMBER

452-9834(800/823-6245 (Voice, TTY

453-3940 (FAX)

CONTACT PERSON

Tom Osborn

DESCRIPTION OF SERVICES

Centers for Independent Living (CILs) provide services to individuals with severe disabilities based on two primary goals: 1) to enable persons with severe disabilities to direct their own lives to the maximum extent possible, and 2) to enable persons with severe disabilities to live and work more fully and independently within their families, community, and employment setting. The CILs are funded through a variety of sources including state, federal, local and private funds. All CILs offer the following core services:

- 1) information and referral,
- 2) independent living skills training,
- 3) peer counseling and advocacy,
- 4) individual and systems advocacy and
- 5) community education.

Additionally, CILs offer services dictated by the needs of their communities by providing transportation assistance, recreation activities, attendant care, and assistance with education. The specific areas where CILs attempt to improve opportunities for increased independence are:

1. improved access and acquisition of housing and living arrangements;
2. acquisition of increased income/benefits;
3. improved transportation access;
4. improved self-care;
5. increased personal mobility;
6. improved access to personal assistance;
7. improved health care and nutrition;
8. increased access to acquisition of personal assisting devices;
9. improved educational access or achievement;
10. employment;
11. increased communication access and/or skills;
12. increased skills or access to social, recreational, and community activities;
13. increased acquisition or exercise of consumer and legal rights; and
14. personal growth and increased self-direction.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Eligibility for CIL services is based on:

- 1) the presence of a severe physical or mental disability,
- 2) the presence of a severe limitation in ability to function independently, and
- 3) a reasonable expectation that independent living services will significantly assist the individual to improve his/her ability to function independently. "Individual with a severe disability" means an individual whose ability to function independently is so limited by the severity of his/her physical or mental disability that rehabilitation services are required to achieve a greater level of independence. Information and referral and technical assistance are available to anyone requesting them.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

Information regarding specific disabilities was not available for all Centers. It is anticipated that the number of services for persons with developmental disabilities is relatively small.

1997 BUDGET

\$572,930

LEGAL AUTHORIZATION

FEDERAL

Rehabilitation Act of 1973, Title VII,(Parts B and C, as amended

STATE

NA

GOVERNING/ADVISORY BODY

Each CIL in Montana is governed by a Board of Directors. The State Independent Living Council (SILC) serves as the governing body for the IL program in Montana.

THE MONTANA CENTER

ADDRESS

College of Education & Human Services
Montana State University - Billings
1500 North 30th Street
Billings, Montana 59101-0298

TELEPHONE NUMBER

657-2312 (voice/TDD)
657-2807 Fax

CONTACT PERSON

M.V. Morton, Ph.D. Director

DESCRIPTION OF SERVICES

Faculty of Eastern Montana College develop and offer state-of-the-art services through The Montana Center for people with disabilities and to their families. The Center (formerly named the Montana Center for Handicapped Children) has served more than 6,500 people with disabilities plus their families since 1947. The Center is a service unit of Eastern Montana College. Staff of the Center provide technical assistance to other agencies, so they may also effectively and efficiently increase the life chances, quality, and satisfaction of people with developmental and other disabilities. The Montana Center conducts an Autism Information Center; a nationally recognized supported employment program for people with severe disabilities; an inclusive preschool; a series of interdisciplinary clinics for evaluating and recommending ways to reduce effects of disabilities; entrepreneurship support for people with disabilities; and community education/technical assistance teams. Center projects are conducted by 37 faculty members, professional specialists, and student assistants. These projects are funded by Eastern Montana College, grants, fees for services, and EMC Foundation.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Persons must be Montana citizens

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

NA

1997 BUDGET

NA

LEGAL AUTHORIZATION**FEDERAL**

NA

STATE

NA

GOVERNING/ADVISORY BODY

The Montana Center is governed by a Board of Directors.

MONTANA UNIVERSITY AFFILIATED RURAL INSTITUTE ON DISABILITIES (MUARID)

ADDRESS

52 Corbin Hall
Missoula, Montana 59812

TELEPHONE NUMBER

243-5467

CONTACT PERSON

R. Timm Vogelsberg, Executive Director

DESCRIPTION OF SERVICES

The Montana University Affiliated Program is part of the national network of programs funded by the federal Administration on Developmental Disabilities (ADD) committed to assisting in the provision of interdisciplinary training, research, service demonstration programs, leverage of funds, and information dissemination which increases and supports the independence, productivity, and inclusion into the community of persons with developmental disabilities.

The Rural Institute currently administers 25 separate programs which address the federal University Affiliated Program mission for all age ranges and in multiple areas. Areas addressed include at least the following: Rural Rehabilitation, Aging, Inclusive Schools, Transition from School to Adult Life, Family and Consumer Involvement, Hearing Conservation, Early Intervention, Personnel Preparation Developmental Pediatrics, Assistive Technology, Health Promotion and Health Maintenance, and Montana Careers for Individuals with Disabilities.

The Rural Institute currently has 66 faculty and staff, occupying over 10,000 square feet of office and classroom space on the University of Montana campus.

Since its authorization, the Rural Institute has grown in many ways, from numbers of staff and projects to the size of its office space. The acquisition of funds has increased more than twenty times the original \$126,000 in FY 1979 to more than \$3,000,000 in 1997.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Eligibility is dependent upon the parameters of each specific program.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1997

NA

1997 BUDGET

Approximately \$3.6 million dollars

LEGAL AUTHORIZATION**FEDERAL**

Public Law 104-183,

The Developmental Disabilities Bill of Rights and Assistance
Act Amendments of 1990**STATE**

NA

GOVERNING/ADVISORY BODY

The Rural Institute operates with advice from an Advisory Board.

PARENT LET'S UNITE FOR KIDS (PLUK)**ADDRESS**

- 1500 North 30th Street
Montana State University - Billings, SPED 183
Billings, Montana 59101-0298

TELEPHONE NUMBER

657-2055

657-2061 (fax)

1-800-222-PLUK

CONTACT PERSON

Katharin Kelker, Director

DESCRIPTION OF SERVICES

PLUK is a parent coalition that provides information and support for parents of children with all types of disabilities. PLUK offers training in parent's rights, communication skills, parent professional teams, conflict resolution, preparing for the IEP, assistive technology, planning for the future, integration and mainstreaming and stress reduction. PLUK offers services such as emotional support, information and referral, a monthly newsletter, training workshops, a resource library, parent support group information, a central data base of state services and an assistive technology laboratory.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

There are no restrictions on services.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

PLUK served approximately 3,600 families in 1996.

1997 BUDGET

\$250,000 (1996)

LEGAL AUTHORIZATION**FEDERAL**

Individuals with Disabilities Education Act (IDEA)

GOVERNING/ADVISORY BODY

PLUK is administered by a 14 member board of directors.

MONTANA ADVOCACY PROGRAM

ADDRESS

P.O. Box 168
316 N. Park, Room 211
Helena, MT 59624

TELEPHONE NUMBER

406-444-3889
406-444-0261 (FAX)
800-245-4743 (Voice/TDD)

INTERNET ADDRESS

E-mail: advocate@mt.net
Web Page: <http://www.mt.net/advocate>

CONTACT PERSONS

Al Smith, Executive Director
Andree Larose, PADD Coordinator

DESCRIPTION OF SERVICES

MONTANA ADVOCACY PROGRAM (MAP)

MAP is Montana's designated federal protection and advocacy organization. The mission of the Montana Advocacy Program is to protect and advocate the human and legal rights of Montanans with mental and physical disabilities while advancing dignity, equality, and self-determination.

PADD Program

Protection and Advocacy for Individuals with Developmental Disabilities (PADD) is a MAP program authorized by federal law to help Montanans with developmental disabilities exercise their full rights as citizens. PADD is not a state agency and is independent of all other agencies that provide developmental disabilities services. PADD is the designated protection and advocacy agency for Montana, established under the Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. Section 6000 et. seq.

PADD's Services

Persons with developmental disabilities sometimes are unable or unprepared to speak on their own behalf. Sometimes, though able to speak on their own behalf, they are ignored. PADD advocates the rights of people with developmental disabilities regardless of age, race, sex, religion, or other factors. PADD has the authority to seek legal, administrative, and other remedies for problems. PADD provides one or more of the following services:

Information about basic legal and human rights,
Information and referral to appropriate services,
Representation by a professional advocate at meetings and administrative proceedings,
Training, information, and publications on the rights of persons with developmental disabilities,
Support of local chapters of the Montana Citizen Advocacy Coalition,
Consultation and research by legal and professional staff,
Legal representation by a staff attorney,
PADD can provide information and assistance at the request of the person with developmental disabilities, a family member, social worker, agency representative, or any other interested person.

All inquiries and services are regarded as confidential and will not be shared outside the agency without client approval or without legal authority.

What is a Developmental Disability?

A developmental disability is a severe, chronic condition which:

Is caused by a mental or physical impairment or combination of impairments -

Appears before the age of 22

Is likely to continue indefinitely

Reflects a need for long-term, individual services

Results in substantial functional limitation in three or more of the following areas:

- * self-care
- * language
- * learning
- * mobility
- * self-direction
- * capacity for independent living
- * economic self-sufficiency

Know Your Rights!

All citizens of the United States have the same basic rights under the Constitution, including:

- * Right to free speech
- * Right to religious preference
- * Right to individual dignity
- * Right to privacy
- * Right to vote
- * Right to due process of law
- * Right to equal protection under law
- * Freedom from unlawful search and seizure
- * Freedom from cruel and unusual punishment

Montana's Constitution says that all persons are born free and have certain inalienable rights. These include the right to a clean and healthful environment, the right to

pursue life's basic necessities, the right to enjoy and defend their lives and liberties, the right to acquire, possess, and protect property, and the right to seek safety, health, and happiness in all lawful ways. In enjoying these rights, all persons must recognize corresponding responsibilities. People with developmental disabilities are given further rights by state and federal law. Every person with a developmental disability has a right to the following:

- Freedom from discrimination based on a disability
- Free and appropriate public education
- Appropriate treatment, services, and habilitation
- Provision of service in the least restrictive environment
- Individualized services

How To Contact PADD

-PADD services are available statewide. Staff members travel throughout the state to provide assistance and representation when needed. To request PADD assistance for yourself or someone you know, call 406-444-3889, the Helena Office, or 800-245-4743, statewide. A PADD staff person will talk with you to get an understanding of your concerns. Problems can often be resolved over the telephone. In some cases, additional help of a PADD advocacy specialist or staff attorney is required. (Limitations of Service Advocacy services are limited to rights violations directly related to the person's disability. Requests for assistance are assessed on a case-by-case basis in accordance with annual program priorities. Because PADD strives to provide quality representation to each client, there may be times when PADD is unable to take your case because of limited agency resources.

SATISFACTION

The staff of MAP's Protection and Advocacy for Individuals with Developmental Disabilities program makes every effort to provide effective rights-related advocacy. However, if any individual is not satisfied with PADD's actions, he or she has the right to bring a complaint to the agency. A copy of the agency's grievance policy is available. This policy tells what must be done to file a complaint. Annual priority issues, goals, and objectives are developed each year for each program and for the agency. MAP's yearly priority issues and other agency documents are available on our website at <http://www.mt.net/advocate> or on the State Electronic Bulletin Board (BBS) or by contacting MAP's Helena office.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

In FFY 1996, the PADD program had open cases that served 109 individuals in individual cases, 56 individuals in 4 open group cases, and a potential of 4,000 individuals as members of a class action lawsuit. This number does not include requests for information. PADD made 23 educational or training presentations to a total of 643 persons in FFY 1996.

FFY 1997 BUDGET

Under Public Law 101-496, the Montana Advocacy Program received \$254,000 in FFY1996 for services to persons with developmental disabilities.

STATE GOVERNING/ADVISORY BOARD
MAP is governed by a Board of Directors

OTHER PROGRAMS

MAP has other programs to assist persons with disabilities including the: The "Assistive Technology" (AT) program, which provides assistance to persons with disabilities to obtain AT devices or services. The AT program also provides information and referral, negotiation, mediation, legal services, and training for individuals and groups in self-advocacy skills. Within established program priorities, the "AT" program provides advocacy assistance to individuals who have been denied funding for AT devices or services. The "Client Assistance Program" (CAP) which identifies, explains, and resolves problems encountered with the state vocational rehabilitation system. CAP also provides information and referral as well as advice on rights and responsibilities under the Rehab Act. CAP can help resolve problems with VR and assist with the appeals process if VR services are denied. Within established program priorities, "CAP" assists persons with a disability who are applying for or receiving services from vocational rehabilitation programs, projects, or facilities funded by the Rehabilitation Act, including transition services.

MONTANA CITIZEN'S ADVOCACY COALITION

ADDRESS

c/o PEERS
Post Office Box 173
Helena, Montana 59624

TELEPHONE NUMBER

442-8184

CONTACT PERSON

Colleen Nichols, Chairman

DESCRIPTION OF SERVICES

MCAC is a non-profit organization that unifies the five citizen advocacy programs throughout the state, which exist to assist persons with developmental disabilities into achieving the fullest possible benefits of the rights and rewards of community life. Through the matching of volunteer advocates with persons with developmental disabilities, citizen advocacy helps to meet the individual's need for true interpersonal support and advocacy. In addition to one to one matching, Citizen Advocacy programs often provide other roles of advocacy including crisis advocacy, junior or youth advocacy, payee representation and often legal and/or rights advocacy assistance. In 1995, People First Chapters were started in Bozeman, Great Falls, Helena and Kalispell. The MCAC provides a vehicle to strengthen Citizen Advocacy programs in delivering quality advocacy through a statewide network by addressing the following areas: public relations and awareness, statistic gathering, researching potential funding sources, problem solving techniques, standardization of basic materials and other activities

aimed at eliminating duplication of efforts.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

There are no requirements for persons with disabilities to receive services from a coalition member, other than the person must have a disability that meets the federal definition of developmental disabilities. Advocates are screened for appropriateness.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

There are five current advocacy programs in the coalition. In 1996 those five programs had approximately 150 one to one matches and approximately 350 children are involved in youth activities. The number of persons who are served by other aspects of the Citizen Advocacy programs (crisis intervention, social activities, etc. is significantly larger than that number. People First Chapters statewide have 100+ members.

1997 BUDGET

The five programs throughout the state have a combined budget of approximately \$90,000.

LEGAL AUTHORIZATION

FEDERAL

NA

STATE

NA

GOVERNING/ADVISORY BODY

The coalition is governed by a board consisting of the members.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICES INDIAN HEALTH SERVICES

BILLINGS AREA

ADDRESS

Post Office Box 2143
711 Central Avenue
Billings, Montana 59103

TELEPHONE NUMBER

657-6403

CONTACT PERSON

Dr. Kermit Smith, Chief Medical Officer

DESCRIPTION OF SERVICES

The Indian Health Services (IHS) is a federal agency under the auspices of the Department of Health and Human Services and is charged with providing health care to eligible Native American Indians. In contrast, the Bureau of Indian Affairs (BIA) is part of the Department of Interior and deals with children's issues in the areas of education, tribal enrollment and child welfare. There is at least one outpatient clinic at each of the seven reservations in Montana and hospitals located at Crow Agency, Fort Belknap and Browning. Services available on each reservation vary but generally include medical, dental, audiological, counseling, nutritional, visual, chemical dependency and public health nursing.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Members of a federally recognized tribe and their descendants are eligible for services at IHS hospitals and clinics. Contract Health Services a program funded to provide services outside the IHS system, are available to those persons who meet specific eligibility requirements established by congressionally mandated regulations. They include inpatient, outpatient and medically indicated ancillary (services.

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES SERVED IN 1996

Approximately 51,019 Native Americans are eligible for services from IHS in the Billings area. The catchment area for these services includes Montana as well as a portion of Wyoming. Of this total, it is estimated that as many as 33% could have some form of limitation associated with a health condition. The number of persons with a developmental disability meeting state or federal definitions would be at least 4.5% of the 51,019 total or 2296.

1997 BUDGET

Information was not available at the time this document was printed.

LEGAL AUTHORIZATION

FEDERAL

Public Law 83-568, as amended Established the Indian Health Service.

GOVERNING/ADVISORY BODY

Each of the seven service units, as amended have their own governing body. The service unit director is the contact person for the governing body at each reservation.

SOCIAL SECURITY ADMINISTRATION

OFFICE	ADDRESS	MANAGER
Billings	2900 4th Ave N, Room 100 Billings, MT 59101-1228	Orland Bergene 247-7280 800/453-0524 FAX 247-7274 TTY 247-7284
Bozeman	Martel Center, Suite 2-A	Jim Shannon

	220 W Lamme Bozeman MT 59715	586-4501 FAX 586-8672	
Butte	2201 Harrison Butte MT 59702	Vicki Honzel 782-6725 723-8246 FAX 723-8240 TTY 259-4093	
Glasgow	98 Hwy 2 E P O Box 712 Glasgow MT 59230	Jacki Reddig 228-8272 FAX 228-8271	
Great Falls	P O Box 2347 119 1st Ave N Great Falls MT 59403	Joyce Jewett 727-9551- 761-6393 FAX 761-6393	
Havre	College Park Plaza Suite 202 P O Box 1072 Havre MT 59501	Donna Knudson 265-5472 265-9511 FAX 265-8265	
Helena	Fed Bldg, 301 S Park Drawer 10075 Helena MT 59626	Valerie Castle 449-5272 441-1270 FAX 441-1276 TTY 441-1278	
Kalispell	Ashley Square Mall, 275 Corporate Avenue Kalispell MT 59901	Joyce Hrouda 755-6150 755-1015 FAX 756-1831 TTY 755-1035	
Miles City	11 So 7th St P O Box 640 Miles City MT 59301	John Watt 232-3608	
Missoula	5115 U.S. Hwy 93 So Missoula MT 59801	John Morse 251-5034 251-5275 TTY 251-9969	
COUNTY	SERVED BY	COUNTY	SERVED BY

Beaverhead	Butte	Madison	Butte
Big Horn	Billings	Meagher	Helena
Blaine	Great Falls	Mineral	Missoula
Broadwater	Helena	Missoula	Missoula
Carbon	Billings	Musselshell	Billings
Carter	Billings	Park	Bozeman
Cascade	Great Falls	Petroleum	Billings
Choteau	Great Falls	Phillips	Gt. Falls
Custer	Billings	Pondera	Gt. Falls
Daniels	Great Falls	Powder River	Billings
Dawson	Billings	Powell	Butte
Deer Lodge	Butte	Prairie	Billings
Fallon	Billings	Ravalli	Missoula
Fergus	Billings	Richland	Billings
Flathead	Kalispell	Roosevelt	Gt. Falls
Gallatin	Bozeman	Rosebud	Billings
Garfield	Billings	Sanders	Missoula
Glacier	Great Falls	Sheridan	Gt. Falls
Golden Valley	Billings	Silver Bow	Butte
Granite	Butte	Stillwater	Billings
Hill	Great Falls	Sweet Grass	Bozeman
Jefferson	Helena	Teton	Gt. Falls
Judith Basin	Great Falls	Toole	Gt. Falls
Lake	Missoula	Treasure	Billings
Lewis & Clark	Helena	Valley	Gt. Falls
Liberty	Great Falls	Wheatland	Billings
Lincoln	Kalispell	Wibaux	Billings
McCone	Billings	Yellowstone	Billings

TELEPHONE NUMBER

1-800-772-1213 NATIONWIDE & TOLL-FREE or see above list.

CONTACT PERSON

See above list

DESCRIPTION OF SERVICES

The purpose of these programs is to help persons who are disabled or blind return to work, and to protect their status and entitlement to cash payments and/or Medicaid or Medicare protection. This support is provided until they can reasonably be expected to pay their own way and buy their own health insurance protection. SSI/SSDI work incentives provide or continue eligibility for cash payments and/or Medicare/Medicaid coverage. The work incentives available to qualified persons include Section 1619a and 1619b, impairment-related work expenses, continued payment to individuals under a vocational rehabilitation plan, trial work period, extended period of eligibility, continuation of Medicare coverage, and Plans for Achieving Self-Support. Each of these programs is briefly detailed below.

Supplemental Security Income (SSI) Basic Program

Persons who have a disability, are blind, or are over the age of 65 may be eligible to receive Supplemental Security Income (SSI) benefits. Individuals over the age of 18 qualify if they have a physical or mental disability that will prevent them from working for at least 12 months or is expected to result in death. Under the age of 18, individuals with a physical or mental disability qualify if the severity of their disability would substantially reduce their ability to grow, develop or mature physically, mentally or emotionally and thus engage in age-appropriate activities of daily-living. Individuals who are blind qualify if their vision is 20/200 with correction, or if they have a limited visual field of 20 degrees or less in the better eye with the use of glasses. Determination of disability or blind status is made by the Disability Determination Services with the Department of Public Health & Human Services and is based upon formal reports of treatments from professionals and facilities. Eligibility is established through an application process made at the Social Security Office. Income and resources are also considered in determining eligibility. Income includes earnings from work and unearned income such as pensions or checks, and non-cash items such as food or shelter. Resources are personal possessions such as stocks, savings, real estate, a car, and cash. An individual may be eligible for SSI with resources up to \$2,000 and up to \$3,000 for couples. The resources and income of the spouse or parent/guardian may also be considered for minor children. Several sources of income and resources may be excluded when determining SSI eligibility, such as the home that the individual lives in and food stamps. Individuals living in an institution, halfway house, or in city or county rest homes usually do not qualify for SSI eligibility. The following exceptions apply.

The individual lives in:

- a publicly operated community residence that serves 16 people or less;
- a public institution to receive educational or job training;
- a public emergency shelter for the homeless;
- a public or private institution and Medicare pays more than half of the costs of individual care;
- and some private institutions.

Social Security Disability Income (SSDI) Disabled Worker Benefits

SSDI is authorized under Title II of the Social Security Act. The applicant must have worked and paid Social Security (FICA) taxes for a length of time determined by their age when they became disabled. Benefit amounts are calculated from average lifetime earnings. Social Security benefits are paid to persons who have a physical or mental impairment which prevents them from working for 12 months or more, or is expected to result in death. Work is defined as any gainful activity that can be found in the national economy, not necessarily the work performed before disability. Disability determination is made by Disability Determination Bureau with the Department of Public Health and Human Services. Benefits continue for as long as the person is disabled and is not engaging in Substantial Gainful Activity (SGA).

Section 1619a and 1619b

Section 1619a provides cash benefits to SSI recipients engaged in Substantial Gainful Activity (SGA) if they continue to have the original disabling condition and currently meet the income and resource requirements. Qualified persons continue to receive cash benefits unless the mental or physical impairment improves or the benefits are terminated for a reason other than the disability. SSI is reinstated if income levels fall below SGA and eligibility criteria for SSI are met.

Section 1619b provides Medicaid coverage for SSI recipients under age 65 who are disabled or blind if their earnings are too high to receive SSI cash payments. To be eligible for Medicaid, a person must: (1) have a disabling condition or continue to be blind, (2) need Medicaid in order to work, (3) not able to afford benefits equivalent to SSI and Medicaid coverage, and (4) meet all non disability-related requirements for SSI other than earnings. Qualified persons continue to receive Medicaid coverage until their earnings reach a substantially higher level which takes into account their ability to afford medical care and normal living expenses.

Impairment-Related Work Expenses

Persons receiving SSI and SSDI benefits are eligible to deduct impairment-related work expenses. SSI recipients must first establish federal SSI eligibility without the impairment-related work expense deductions. After eligibility is determined, persons receiving SSI benefits can exclude their work-related expenses to compute the amount of cash payment. The person must pay for the items and services and cannot receive a reimbursement for the expenses by another source. Costs for items or services can only be deducted if they are needed by the individual in order to work.

Trial Work Period

Persons receiving SSDI can work for a period of 9 months and still continue to receive full disability benefits. The intent of this program is to allow SSDI recipients the opportunity to test their ability to work without losing their medical and financial benefits. Extended Period of Eligibility SSDI recipients who have completed a 9 month trial work period and are determined by the Social Security Administration to no longer be disabled because their earnings exceed the Substantial Gainful Activity (SGA) level are eligible for an extended period of eligibility. The extended period of eligibility begins the month after the trial work period ends.

Continuation of Medicare Coverage

SSDI recipients who are engaging in Substantial Gainful Activity (SGA) and have not medically recovered are eligible to receive continued Medicare coverage. Persons qualifying for SSDI benefits who are engaging in SGA and who have not medically recovered can continue to receive Medicare benefits for 39 months after completing a trial work period. Medicare coverage is provided for qualified persons during the 36 month benefit reinstatement period after a trial work period is completed and for an additional 3 months after that. Medicare coverage may continue for a longer period of time if earnings fall below SGA for any of the 39 months. Medicare coverage is terminated if a person's disability entitlement ends due to reasons other than engaging in SGA.

Plans for Achieving Self-Support (PASS)

Persons who are blind or disabled are eligible to obtain a Plan for Achieving Self-Support (PASS). The individual must have a feasible work goal, a specific savings/spending plan, and must provide a clearly identifiable accounting for the funds which are set aside. The plan must be in writing and have a specific time frame. The individual must then follow the plan and negotiate revisions as necessary (Social Security Administration, 1988). Social Security representatives, vocational rehabilitation counselors, social workers, or employers can assist an individual with developing a plan.

The purpose of the PASS program is to assist qualified persons with becoming self-supporting. Qualified persons can set aside income and/or resources for a period of time for a specific work related goal such as education, vocational training, starting a business, or to purchase work equipment. The income and/or resources that are set aside are not included in SSI income and resource tests and do affect Substantial Gainful Activity (SGA) determinations. SSI eligibility can be maintained or established and SSI payments can be increased with the use of PASS. Persons receiving SSDI can set aside SSDI money under a PASS plan, which may then make them eligible for SSI benefits.

Social Security Disability Income (SSDI) Disabled Adult Child (DAC) Benefits Persons aged 18 or older who become disabled before age 22 are eligible to receive DAC benefits under a parent's disability, retirement, or survivors benefits. The person must be disabled as defined by the inability to engage in any substantial gainful activity (income over \$300.00 a month), by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. Individuals can qualify on the record of grandparents in some cases.

ELIGIBILITY GUIDELINES/FINANCIAL RESTRICTIONS FOR SERVICES

Persons who qualify to receive SSI/SSDI work incentives must be eligible to receive SSI or SSDI benefits. Specific eligibility criteria are required for each program.

NUMBER OF PERSONS WITH DISABILITIES SERVED IN 1997

In December 1995, 9,835 Montanans with disabilities received SSI payments for that month.

1997 BUDGET

The December 1992 monthly budget for persons with disabilities in Montana was approximately \$4,578,00. The average SSI benefit in Montana was \$325. The maximum benefit in 1997 is \$484 per month.

LEGAL AUTHORIZATION

FEDERAL

Titles II and XVI of the Social Security Act.

Selection of Federal Priority Areas

For the period covered by this Plan, the Developmental Disabilities Planning and Advisory Council has selected four major areas of importance, as defined by the Administration on Developmental Disabilities, for services in Montana.

The Council is allowed to select from four areas of service provision. Following the selection of the priority service areas, the Council must determine, develop and publish goals, objectives and activities that relate specifically to these areas.

For 1998 - 2000, the areas from which the Montana Council could choose to determine the priorities for the Plan and their definitions are:

Community Living Activities

The term "community living activities" means such priority area activities as will assist persons with developmental disabilities in developing or maintaining suitable residential arrangements and supports in the community (including non-financial supports and individual, family and community supports).

Child Development Activities

The term "child development activities" means such priority area activities as will assist in the prevention, identification and alleviation of developmental disabilities in children, including early intervention services.

Employment Related Activities

The term "employment activities" means such priority area activities as will increase the independence, productivity or integration of persons with developmental disabilities in a work setting.

System Coordination and Community Education Activities

The term "system coordination and community education activities" means activities that eliminate barriers to access and eligibility for services, supports, and other assistance; enhance systems design and integration including the encouragement of the creation of local case management and information and referral statewide systems; enhance individual, family and citizen participation and involvement.

State Priority Activities

Priority area determined by the State Council.

The selection of the Priority Service Areas by the Council is based on:

1. estimated disability populations
2. documented and estimated service needs and gaps
3. state geographical characteristics

4. interagency/Council information exchange
5. review of the recommendations of the Council's 1990 Report
6. the mandate under PL 104-183 for Councils to designate Employment as a priority area.

The Council's process for determining the appropriateness of each of the Federal priority areas is based on determining the perceived need to address specific issues of need within the system that fall within the Federal definition of developmental disabilities. Once an issue has been determined it is categorized within one of the four priority areas, or if the issue cannot be attributed to one of the areas it, if considered to be of enough importance to the system, could be identified as a specific state priority area as allowed under the Federal regulations.

A major portion of the Council's activity in creating the State Plan is spent in gauging the status of the system to determine the system's ability to expand and its capacity for innovation. This analysis is on-going and has a significant effect on the types of initiatives that the Council selects through its grant program. The State Plan can only be as effective as the system's ability to respond to it. The Plan must recognize the financial, political and social conditions present within the State that will effect the system to follow the lead of the Plan. In order to have a permanent effect on the system, the Council recognizes that its efforts, while designed to lead the system into the future, cannot be so far ahead of the system that the system cannot reasonably be expected to follow.

Part of the process of achieving change for the Council is to cooperate with and assist the system in the completion of the tasks that it sets for itself. The Council works with the system in setting the occasion for change by being involved in all aspects of the system and acquiring knowledge of the day to day operations of the different members of the system. Only through these and other similar actions can the Council determine when and how its initiatives will have the most effect.

A major difficulty in the planning processes of the Council is the difference between the State of Montana and the federal definitions of developmental disabilities. In planning for the needs of persons who do not meet the State definition (most notably those subpopulations of persons having solely physical disabilities), the Council's task for planning its' actions and activities become considerably more complicated. The major difficulties encountered regarding differences in definitions relates to the lack of agencies or groups generally able to provide long term funding for projects funded by the Council to ensure project continuation following the termination of Council funds, the lack of organizations to make proposals to the Council to represent populations of persons with developmental disabilities meeting the federal definition and lack of knowledge regarding the Council by organizations representing these subpopulations. The Council has sought to alleviate these problems by expanding our range of contacts outside of the regular developmental disabilities/mental retardation system and has achieved some level of success in doing so. Additionally, when funding requests are made by groups representing subpopulations, the Council encourages them to form

their requests in such a manner as to not require continuing funding, if it appears that the desired effect will be realized, the proposal will improve services for persons not meeting the State definition and the concept of the one time project is equal in quality to a project that would have a continuing impact. It is always the Council's preference to assist with projects that will have a long term continuing impact on the system. Yet, the Council recognizes the responsibility to work with persons and agencies who, because of lack of state funded services, may not have the present capacity to operate projects at this level.

As a part of the Plan review process and in preparation for the creation of a new State Plan the Council staff review the recommendations of the 1990 Report created by the Council in response to a Federal requirement. Staff review the report to ensure that the recommendations contained within it are adequately addressed in the planning process and that the needs represented in the Report continue to be representative of the issues identified by the members of the system. The 1990 Report addressed seven areas of concern to the developmental disabilities system. They and the number of recommendation within each area are:

Individual and Family Services	13
Education	14
Employment	9
Income	4
Housing	8
Health	6
<u>Civil Rights</u>	<u>4</u>
TOTAL RECOMMENDATIONS	58

Of this total the Council review identifies 50 as partially met, 8 primarily as a result of the manner in which the recommendations are written. The recommendations are stated in such a manner that they preclude any final disposition, but instead define a process for improvement, which will change across time as standards, funding and state of the art techniques change. Recommendations classified as not met are:

- 1. Establishment of a system for continuing adult education for persons with disabilities.
- 2. Changes in the Federal Social Security system regarding allowable income for persons with disabilities.
- 3. The need for a simplified, inexpensive system of filing required reports by representative payees to courts in guardian cases.
- 4. The need for increased assistance with financial management for persons with disabilities.
- 5. Increased assistance with homemaking.

- 6. The availability of quality general and emergency medical services.
- 7. The need for an affordable, individualized health insurance system.
- 8. Increased payments for medications.

In as many as seven (#1, 2, 3, 5, 6, 7, 8) of the eight issues identified above, the traditional system for services to persons with developmental disabilities does not have control over decisions that would affect the changes in policy and funding that would result in improvements in the areas identified. Nonetheless, the system has a responsibility to advocate within the appropriate systems to ensure that the needs of persons with developmental disabilities and their families are known and the manner in which change would be suggested to alleviate the factors that resulted in the identification of the issue as a problem.

The Council will continue to monitor and advocate for changes in these areas as appropriate.

As a part of the planning process, the Council also reviews information prepared in accordance with requirements of the Individuals with Disabilities Act (IDEA), by the Office of Public Instruction for the U.S. Department of Education consisting of an annual data report on special education programs and related services. The report is made available to the Council by the Division of Special Education. The Director of the Division is a Council member.

The review focuses on the following areas of concern:

1. Educational placement
2. Reasons for exiting special education.

The table below represents a comparison of Montana's educational placements for students in Special Education, age 3-21, during the 1995-96 school year with rates nationally for 1991-92, the last school year for which data is available.

<u>Placement</u>	<u>Montana Placements</u>	<u>Montana Percentage</u>	<u>National Percentage</u>
Regular Classroom	17,688	96.54%	34.9%
Resource Room	64	.34%	36.3%
Separate Classroom	11	.07%	23.5%
Separate School	255	1.39%	3.9%
Residential Facility	225	1.23%	0.9%
Home/Hospital	78	.43%	0.5%
TOTALS	18,321	100%	100%

The Council believes that Montana is educating its special needs students in less

restrictive, more integrated environments than is the United States on average. However, while this data shows a high rate of regular classroom placements, the Council is concerned over problems related to class size, lack of adequate in-classroom support personnel, and insufficient in-service training for regular education teachers.

The data below represents a comparison of Montana's special education exit rates for students age 14-21 during the 1995-96 school year with special education exit rates nationally for 1991-92, the last year data is available for comparison.

Reasons for Exit	# of <u>Students</u>	Montana <u>Percentage</u>
Graduated w/Diploma	446	31.12%
Graduated w/Certificate	13	.9 %
Reached Maximum Age	2	.1 %
Dropped Out	305	21.28%
<u>Other (move, died, reg ed)</u>	<u>557</u>	<u>46.55%</u>
TOTALS	1433	100%

The Montana special education drop out rate for 1995-96 of 21.28 percent is slightly less than the 22.4 percent national rate for 1991-92.

UNSERVED AND UNDERSERVED GROUPS NEEDING SERVICES PERSONS WAITING FOR SERVICES

As of February 1997 there were a total of 1068 persons on the Montana waiting list for services. Many of these persons (660) currently receive some services, but are in need of additional or different services. An additional 408 receive no services at all. Of this number, 230 were adults and 178 were children. They are waiting for one or more of every type and kind of service offered by the state. Their levels of need to receive those services also vary significantly from those persons who are living at home, attending school, who will not be in any particular need for services for one or more years to persons who are in immediate crisis, and without services, could be homeless.

Montana's waiting list data goes back to 1978 when approximately 250 persons were in need. The number of persons on the waiting list has remained relatively stable since 1990, with approximately 1,000 persons on the list each year and although the Department of Public Health and Human Services has an initiative attempting to address this issue in each legislative session (every two years), the amount of funding provided by the Legislature to address the issue has never been enough to do more than to keep the list at approximately the same level when adjusted for increases in population.

Two approaches to dealing with the problem have been suggested in the past 2-3 years. One would request legislative funding to provide each child and adult on the list with a small amount of funding (\$500 - \$1500 per year) to address some very basic needs,

including case management or respite which could be determined by the family or the individual. Although this initiative was suggested by the Developmental Disabilities Program for the 1997 legislative session, it was not included in the Department's final legislative package due to projected estimates of state income. Additionally, as a result of the lawsuit filed in August 1996 against the state on behalf of ten plaintiffs currently living at either the Montana Developmental Center or the Eastmont Human Services Center, the Montana Advocacy Program seeks, as a part of the remedy under the suit, to use some portion of the funds currently earmarked for operation of the two facilities to address the needs of persons on the waiting list. This alternative for addressing the waiting list is decidedly unclear at present due to the uncertainty of the final determination of the suit and significant disagreement as to the amount of available funding this change would generate and the amount of funds that would be needed to address the needs of those on the waiting list.

The issue of reduction or elimination of the waiting list in Montana and nationally has been problematic since community systems began 20 years ago. A variety of efforts are being made nationally to resolve the issue, but thus far no state has adequately addressed the problem. While some attempts appear to have promise (system reorganization relying less on facilities and more on supports, utilization of managed care principles, utilization of institutional funds for provision of community based services), they all have one or more problems that make it difficult to determine their value as a long term solution to meeting the needs. It is likely that the permanent solution to the problem is a combination of measures designed to reduce costs per individual when and where possible, efforts to make the system more efficient in terms of the types and level of services offered and the continuation and improvement of planning to ensure that the system can anticipate the needs of those entering the system and those progressing within it to make changes in the operation and provision of services ensuring the most efficient uses of available funding.

PERSONS WITH DUAL DIAGNOSIS

Persons with dual diagnosis (developmental disabilities and mental illness) continue to be an issue for the Montana system. Roughly 10% of the persons receiving state funded developmental disabilities services have been identified as having problems that may be benefited through receiving mental health services. Neither the mental health or developmental disabilities systems appear to have a clear answer to addressing the problem and the needs of persons with this diagnosis continue to go largely unmet. Although there is significant progress in some locations across the state, this is largely due to the identification of therapists willing and capable of working with the population and the system's understanding of the level of the problem and the interest in the system to address the need. Although it is clear that the developmental disabilities system is concerned about the issue and is actively searching for solutions most of the effort has resulted in little in the way of permanent changes to the problem at the system level. A complicating variable in the search has been the recent change in the Montana mental health system to a managed care model. Publicly funded services have been contracted out to a newly formed private organization, Montana Community Partners, which is in the process of implementing services on a statewide

basis. At the time this Plan was written, no clear policy for the provision of services to persons with developmental disabilities and mental health issues has been defined that would assist in remedying the problems that were evident in the system prior to the change to managed care. Further discussion regarding the need and possible solutions will be necessary to identify possible solutions.

SERVICES IN RURAL AREAS

Adults with developmental disabilities living in rural towns or areas of the state where no services provider is physically present have a difficult time receiving the services or supports they may need to live full, productive lives. Although Montana has services available in every county, and persons are receiving services in 55 of the 56 counties (only Carter County, population 1,489, has no one receiving services, but no one is identified as waiting for services), in 25 of the 56 counties (primarily in south-central and eastern parts of the state), those services are available only through outreach activities, without corporate offices or facilities. Additionally, in many instances the services offered in these areas are primarily those available through the Child and Family Services system and are not specifically structured for adults. All six of the State's Child and Family providers provide services to some number of adults but the number and the type of services offered are limited by funding and distance. Given the distances in Montana, it can be very fiscally inefficient to provide on site services to a person who might be a hundred or more miles away from existing staff. The number of persons waiting for services in those counties as of December 1996 was 50 (after removing 50 persons residing at the Montana Developmental Center in Jefferson County).

In the past, there was only one answer for persons desiring developmental disabilities services and that was to move to an area in the state where services were offered meeting the needs of the person. That answer, while effective, had some negative side effects in separating persons with developmental disabilities from their families and requiring persons to leave their home towns and any natural support systems that they may have built up over time. This problem is slowly being addressed by increased and improved outreach activities of providers through funding made available by the state. While much needs to be done to ensure success in meeting the needs of persons in rural areas, recognition of the problem has occurred and steps are being taken to meet the need.

The Council recognizes the needs of the unserved and underserved within the state and has sought to advise the system regarding those needs and to assist the system in educating the Legislature when appropriate for additional funding that would help to resolve the issues. At this time all three of the identified issues above are being addressed at some level, but additional effort remains to eliminate the problems represented.

The State Plan Review Process

Throughout the year, the Council reviews the current state plan in preparation for an

annual Plan update. The full Council, and the Planning Committee review input from agencies and individuals gathered through a series of public forums, presentations, reports, review of the State Plans of other agencies and other activities regarding the condition of services in the state and the existing priority service areas selected by the Council for the three year Plan. Additionally, at each meeting of the Planning Committee, the Committee reviews the status of the current plan in meeting the established goals, objectives and activities. The Committee is given an updated report that establishes the level of activity on every goal, objective and activity and reviews each with staff to determine the level of success. As another component of the evaluation process, the Council's Evaluation Committee reviews all grant contracts on a quarterly basis to ensure that appropriate progress is made toward meeting the goals specified in the Plan.

- In the past year, Plan review activities have included:

Information from the:

Department of Public Health and Human Sciences regarding prevention and maternal and child health,

Inventory for Client and Agency Planning (ICAP) and the Community Services Waiting List from the Developmental Disabilities Program regarding the number of persons within the system,

Statewide Child Count of Students with Disabilities from the Office of Public Instruction as required by IDEA,

Public Forums conducted by the Council and the Department in the fall of 1995 for possible inclusion into the State Plan and the planning process of the Department of Public Health and Human Services (see Appendix 5.)

Statewide Transition Coordinating Committee regarding the activities of the Committee in working towards a comprehensive transition system in the state.

Department regarding the implementation plans for a system of mental health managed care for all persons receiving state-funded mental health services

Reports from the:

Department of Health and Environmental Sciences, Licensing and Certification Bureau regarding ICF/MR reviews,

Office of Public Instruction regarding the status of Special Education services in the state

Plans of the five Regional Councils on Developmental Disabilities,

Family Support Services Advisory Council, the advisory council required under Part H of IDEA regarding its purpose, activities and areas of possible cooperation

with the Council.

Montana Association of Independent Disability Services (MAIDS) regarding the needs of the system from the private non-profit service provider perspective.

Developmental Disabilities Program of the Disability Services Division of the Department of Public Health and Human Services regarding system plans, expansion and improvements as well as policy development and implementation

Survey conducted by the Council as to the needs of the system sent to a variety of state agencies, provider agencies, family members and advocacy agencies throughout the state.

-Quarterly activities of the contractors of the Council's grant program.

Presentations from the:

Department of Public Health and Human Services Division of Family Services regarding child care services,

Department of Public Health and Human Services Division of Aging and Long Term Care regarding aging services in the state and the potential for integration,

Rehabilitation/Visual Services Program of the Disability Services Division, Department of Public Health and Human Services regarding employment program within the VR Program and the status of Independent Living Services.

Department of Commerce HOME program regarding the availability of housing assistance for persons with disabilities.

Office of Public Instruction regarding purpose and activities of the Comprehensive System for Personnel Development required under IDEA

Compiling and analyzing this input is the major task undertaken by the Planning Committee each year. This data is used as the basis of the decision-making process that results in changes to the state plan and also for recommendations made to state agencies. These changes include funding of new services and the upgrading of existing services. It is also used to generate the funding priorities for the Council's grant programs.

The Council's grant program is funded under the Act and provides funding for unique and innovative projects designed to improve the quality of services in the state. The grant program funds are used to investigate and research issues, support demonstration projects, sponsor workshops and conferences and other activities that are designed to complement the existing system and provide opportunity for the system to view operational changes. The Council does not provide funding for

expansion of existing services and does not fund projects that would be duplicative in nature to existing programs. All projects funded by the Council must either provide significant evidence of the ability of the project to continue following the completion of the project through other funding sources or the project must be determined by the Council to have a defined time period in which the goals of the project can be satisfactorily attained, in which case continued funding is not necessary to participate.

SECTION IV

The Goals, Objectives and Activities of the Montana State Plan for Persons with Developmental Disabilities

For 1998 - 2000 the Council has selected the following Federal Priority Areas:

Child Development Activities;
Community Living Activities;
Employment Related Activities;
System Coordination and Community
Education Activities
Advocacy (State Priority)

The following represents the Goals, Objectives and Activities of the Council for the three year period beginning October 1, 1997

1998 - 2000 GOALS, OBJECTIVES AND ACTIVITIES OF THE MONTANA STATE PLAN FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Goals, Objectives and Activities of the 1998 - 2000 Montana State Plan for

Persons with Developmental Disabilities

The Council's overall focus for the three year Plan will fall within the State Priority Area of advocacy. All issues addressed through the goals, objectives and activities of the Council will be completed through efforts that are clearly associated with empowering persons with disabilities and their families.

THREE YEAR GOAL FOR COMMUNITY LIVING

Persons with developmental disabilities will live in communities of their choice and be a contributing and full member of that community. All activities of the Council, whether completed through Council grants or by internal Council activities will focus on improving choice and control.

Montana Conference on Developmental Disabilities

(Plan Year 1,2,3)

To increase the number of persons with developmental disabilities, direct care staff and family members in attendance at the Montana Conference on Developmental Disabilities by not less than 3% per year from 40 to 42, 250 to 264 and 17 to 19 respectively over the three year period ending 9/30/2000.

1998 ACTIVITIES (PROJECTED)

Send registration materials to People First! and all identifiable parent organizations encouraging their participation in the Conference.

Provide reimbursement for direct care staff and family members through the grant to DDP and to persons with developmental disabilities through People 1st project.

OUTCOME MEASURE

Count of persons with developmental disabilities, family members and direct care staff registered each year for the Conference.

1998 FUNDING

STATE \$25,000 COUNCIL \$10,000 OTHER FEDERAL \$0 TOTAL \$35,000

TEACHNET Project

(Plan Year 1,2,3)

To increase usefulness and value of TEACHNET (an internet and paper based listing of training events, conferences and workshops applying to all human services populations) by increasing the number of agencies (state and private) requesting publication of training events, workshops and conferences by at least 5% and by increasing the number of training events, conferences and workshops listed in the publication by not less than 5% over a three year period ending 9/30/2000.

1998 ACTIVITIES (PROJECTED)

Establish annualized funding from human services agencies and organizations.

Establish METNET and corresponding web page to supplant paper based system.

OUTCOME MEASURE

Complete an annual count of the number of agencies contributing TEACHNET entries.

Complete an annual count of the number of TEACHNET entries.

When the system is operational on the Internet, complete an annual count of the number of "hits" on the home page.

1998 FUNDING

STATE \$7,000	OTHER FEDERAL \$4,500	COUNCIL \$1,000	TOTAL \$12,500
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Hotel Accessibility Project

(Plan Year 1)

In partnership with the MUARID, MAP, the four Montana Independent Living Centers, the Montana Innkeepers Association (MIA), PHHS/DSD, increase the number of hotel and motel properties receiving and using accessibility information generated through the project by a minimum of 3 sites by December 31, 1998.

1998 ACTIVITIES (PROJECTED)

Create and disseminate an accessibility status survey to be completed by members of the MIA.

Disseminate materials regarding hotel accessibility to MIA and individual properties to encourage change and promote education.

Work with the MIA to ensure that members have completed and updated ADA surveys and barrier removal plans.

OUTCOME MEASURE

Meeting performance levels established in the objective above.

1998 FUNDING

STATE \$0	COUNCIL \$0	OTHER \$0	TOTAL \$0
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Donated Dental Service Program

(Plan Year 1,2,3)

To decrease the number of persons with developmental disabilities reporting a need for dental care (as identified by casemanagers) by 10% from appropriately 250 (identified in baseline) and to recruit not less than 15% of the dentist members of the Montana Dental Association (450) to provide services over a three year period as a result of the creation and implementation of a statewide volunteer dental service by

June 30, 2000.

1998 ACTIVITIES (PROJECTED)

Participation in the program of not less than 67 dentists providing care to at least one person.

OUTCOME MEASURE

Meeting performance levels established in activities above.

1998 FUNDING

STATE \$20,805	COUNCIL \$0	OTHER FEDERAL \$0	TOTAL \$20,805
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THREE YEAR GOAL FOR CHILD DEVELOPMENT

To strengthen and provide assistance to families of children with developmental disabilities by improvements in service delivery and policies governing services at the national, state and local levels.

Child and Family Summer Institute

(Plan Year 1,2,3)

Of the 60 - 80 persons attending the annual Child and Family Services Summer Institute all will report an overall level of satisfaction with the subject matter and results of the Institute of not less than 75%. The Institute will provide state of the art training for Family Support Specialists of Child and Family Service providers, assisting them in the development of new skills relating to services to children and their families.

1998 ACTIVITIES (PROJECTED)

Identify speaker/workshop leader based upon results from previous participants.

Conduct participant evaluation of the Institute.

OUTCOME MEASURE

All participants rank their overall impression of the Institute at least 75% favorable.

1998 FUNDING

STATE \$9,500	COUNCIL \$3,000	OTHER FEDERAL \$0	TOTAL \$12,500
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THREE YEAR GOAL FOR EMPLOYMENT

Persons with developmental disabilities will be employed in a position of their choice most appropriate to their needs and abilities.

Montana Career Design Initiative

(Plan Year 1)

To provide state of the art training in supported employment and positive behavior change for staff of not less than three rural private non-profit service providers resulting in at least a 10% increase in the number of persons in those agencies who are employed in jobs of their choice and to provide training for not less than 50 persons statewide, in five regional sites, (staff of private non-profit service agencies, family members, state agency staff and others) in the development and implementation of Social Security PASS Plans resulting in the completion of not less than 15 PASS Plans being accepted by Social Security by December 31, 1998.

1998 ACTIVITIES (PROJECTED)

Establish at least one new site for MCDI training in the eastern half of the state.

Provide training individualized to the needs of the different sites.

Contractor conducts training.

Contractor monitors the writing and acceptance of PASS Plans.

Conduct a presentation at the Montana Conference on Developmental Disabilities regarding PASS Plan training prior to sessions being held.

OUTCOME MEASURE

Count of the number of persons employed through participating agencies.

Count of the number of persons receiving PASS training.

Count of the number of PASS plans accepted by Social Security.

1998 FUNDING

STATE \$6,100	COUNCIL \$50,000	OTHER FEDERAL \$25,000	TOTAL \$56,100
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THREE YEAR GOAL FOR SYSTEM COORDINATION/COMMUNITY EDUCATION

Persons with developmental disabilities and their families will have access to the services and supports they need as a means of achieving full integration in to the community.

Developmental Disabilities System Strategic Plan

(Plan Year 1,2)

With the funding and coordination of the Council and the support and cooperation of all system members in the state (persons with developmental disabilities, families, service providers, state agencies and advocacy groups, the Montana developmental disabilities system will continue the process of creation of a system wide strategic plan to be completed before July 1, 1999.

1998 ACTIVITIES (PROJECTED)

Conduct quarterly meetings of the 64 member Task Force.

Identify issues requiring further review by the Task Force, conduct appropriate research based upon the issues and make recommendations for inclusion into the plan.

Identify issues of interest to the Task Force that overlap with areas of interest to DDPAC for inclusion into the Montana State Plan for Persons with Developmental Disabilities.

OUTCOME MEASURE

Submit a written strategic plan for services to the Department and the developmental disabilities system outlining recommendations for changes and improvements to the Montana service system.

To incorporate and address not less than three of the prioritized issues identified in the recommendations of the Task Force into the Montana State Plan for Persons with Developmental Disabilities as submitted by DDPAC by July 1, 1999.

1998 FUNDING

STATE \$10,000	COUNCIL \$42,000	OTHER \$0	TOTAL \$52,000
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Project is operated through the Council.

Public Forums on Developmental Disabilities Services (Plan Year 1,3)

To conduct not less than five public forums on needs within the developmental disabilities system in Plan Years 1 and 3, increasing the number of participants in the forums and the use of the forum results by agencies involved in the planning for services for persons with developmental disabilities across the state.

1998 ACTIVITIES (PROJECTED)

Plan for and conduct public forums at the Montana Conference on Developmental Disabilities, the Montana Parent Conference and at least three additional sites in regions 1,2 and 5, before November 30 of Plan Years 1 and 3.

Disseminate the results in written form to PHHS/DDP, OPI Special Education Division, State CSPD, the Montana Association of Independent Disability Services, MUARID, MAP and regional councils before December 31 in Plan Years 1 and 3.

OUTCOME MEASURE

To increase the number of participants in the Public Forums by not less than 10% from the baseline year of 1995 (185) persons in Plan Years 1 & 3. (410 total across both years).

1998 FUNDING

STATE \$0 COUNCIL \$2,500 OTHER FEDERAL \$0 TOTAL \$2,500

Project is operated through the Council.

Regional Council Support and Grant Project (Plan Year 1,2,3)

To provide technical assistance and information to the five regional developmental disabilities councils resulting in an increased ability of the councils to advise the Department, provider agencies and others concerning service needs in each of the five geographical areas.

1998 ACTIVITIES (PROJECTED)

Provide orientation manuals for new council members.

Assist in recruiting new council members.

Provide assistance to councils regarding regional council funded projects requiring State Council staff time and expertise.

Maintain relationships between the five councils and the State Council.

Assist, in collaboration with DDP and other system members in the development of new activities for council involvement and an examination of the policies and procedures of councils as a result of changes in state law eliminating the mandate for regional councils.

OUTCOME MEASURE

Increase membership of councils by 5% over a three year period ending September 30, 2001

1998 FUNDING

STATE \$12,500 COUNCIL \$30,000 + \$12,150 \$42,150 OTHER \$0 TOTAL \$64,650

Head Injury Conference

(Plan Year 1,2,3)

Provide state of the art training to 100 persons with traumatic head injuries and their family members regarding the availability of service, access into services and current techniques in service provision by July 1 of each plan year.

1998 ACTIVITIES (PROJECTED)

Conduct a written evaluation of conference participants to determine their overall level of satisfaction with the scope and subject matter of the conference

OUTCOME MEASURE

80% of the family members and persons with TBI attending the conference will report an overall satisfaction level of 75% or greater on the conference evaluation form.

1998 FUNDING

STATE \$10,000 COUNCIL \$1,000 OTHER FEDERAL \$0 TOTAL \$11,000

THREE YEAR GOAL FOR ADVOCACY (State Priority)

To assist persons with developmental disabilities and their families to acquire the skills and knowledge of the service system necessary to allow them to assist in the development of their own service plans and the development of the Montana service system.

People First!

(Plan Year 1,2,3)

To provide for the support of the five existing Montana People First! organizations, the addition of not less than one chapter in the state and to increase their membership by not less than 5%, or 7 members over their current membership of 130 members by December 31, 2001.

1998 ACTIVITIES (PROJECTED)

To identify areas of the state most in need and most capable of organizing and supporting a People First! chapter.

Provide training and support to one new chapter through one or more of the existing chapters.

Continue recruitment of new members for the existing chapters.

OUTCOME MEASURE

Count of the increased number of persons joining People First at the end of each grant period.

Addition of one chapter prior to the end of Plan Year 3.

1998 FUNDING

STATE \$16,500 COUNCIL \$25,000 OTHER FEDERAL \$0 TOTAL \$41,500

Partners In Policymaking

(Plan Year 1,2,3)

To increase the number of Partners in Policymaking graduates in the state by at least

15 persons and to increase the number of partner graduates from previous years active within system related advocacy groups (regional councils, State Council, Systems Advocacy Committee Family Support Services Advisory Council, state or regional CSPD Councils, Special Education Advisory Panel, developmental disabilities service provider boards of directors, among others by December 31, 2000.

1998 ACTIVITIES (PROJECTED)

Recruit 10 - 12 persons, including persons with developmental disabilities for enrollment in Partners each year of the Plan.

Conduct six sessions of Partners for each year of the Plan.

Provide programmatic and technical support for graduates of past Partners classes to assist them in conducting activities in their own communities.

OUTCOME MEASURE

Count of the number of graduates of Partners for each year

Count of the number of Partner graduates serving as members of regional councils, State Council, Family Support Services Advisory Council, Systems Advocacy Committee, state or regional CSPD Councils, Special Education Advisory Panel, developmental disabilities service provider boards of directors in each year of the Plan.

1998 FUNDING

STATE \$0 COUNCIL \$25,000 + \$12,150 \$37,150 OTHER \$0 TOTAL \$37,150

Project is operated through the Council.

Montana Parent Conference

(Plan Year 1,2,3)

After receiving training regarding advocacy, state of the Montana system for service provision, information regarding individual service providers and the Montana Legislature, 100% of the 150 family members will report an overall level of satisfaction of not less than 80% with the results of the conference.

1998 ACTIVITIES (PROJECTED)

Conduct the 1997 Montana Parent Conference in October 1997.

Based upon the expressed satisfaction of the 1997 conference determine the value of continuing the Conference in subsequent years.

OUTCOME MEASURE

Establish attendance at the 1997 Conference

Evaluation of satisfaction of persons attending the 1997 conference

1998 FUNDING

STATE \$3,750 COUNCIL \$30,000 + \$12,150 \$42,150 TOTAL \$42,150

Project is operated through the Council.

Developmental Disabilities Education/Awareness Activities

(Plan Year 1,2,3)

Annually, the Council, in cooperation with the Family Support Services Advisory Council, the five regional councils, MAIDS, MAP, MUARID, PLUK and other service and advocacy organizations will develop and implement initiatives to educate the public, inform those families and individuals in need of services and other human

services systems regarding the needs of persons with developmental disabilities and the programs available for them in Montana.

1998 ACTIVITIES (PROJECTED)

Meet with all involved agencies from across Montana to develop a cooperative public education/awareness plan for the state by December 31, 1998.

Increase the number of participants in the Council sponsored "Developmental Disabilities Awareness Poster Contest" by 10% to 250 by December 31, 2000.

Send out contest materials to all provider agencies and school districts annually.

Staff and plan for the Annual Montana Developmental Disabilities Service Awards conducted in conjunction with the Montana Conference on Developmental Disabilities.

OUTCOME MEASURE

Count of the number of initiatives planned by system for a public awareness plan.

Count of the number of entries each year of the contest.

1998 FUNDING

STATE \$800	COUNCIL \$1,787+	\$4,050	\$5,837	OTHER \$0	- TOTAL \$6,637
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Project is operated through the Council.

SECTION V

Assurances

A. Use of Council Funds

1. Provide assurances that funds will be used to make a significant contribution toward enhancing the independence, productivity, and integration and inclusion into the community of individuals with developmental disabilities in various political subdivisions of the State; [Section 122(c)(5)(A)(I)];
2. Provide assurances that funds will be used to supplement and to increase the level of funds that would otherwise be made available for the purposes for which Federal funds are provided and not to supplant non-Federal funds [Section 122(c)(5)(A)(ii)];
3. Provide assurances that funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs [Section 122(c)(5)(A)(iii)];
4. Provide assurance that part of such funds will be made available by the State to public or private entities [Section 122(c)(5)(A)(iv)];
5. Provide assurances that not more than 25 percent of such funds will be allocated to the agency designated under section 124(d) for service demonstration by such agency and that such funds and demonstration services have been explicitly authorized by the State Developmental Disabilities Council [Section 122(c)(5)(A)(v)];

Provide assurances that not less than 65 percent of the amount available to the State under section 125 shall be expended for activities in the Federal priority area of employment activities, and, at the discretion of the State, activities in any or all of the three other Federal priority areas and an optional State priority area; and (vii) the remainder of the amount available to the State from allotments under section 125 (after making expenditures required by clause (vi)) shall be used for the planning, coordination, administration, and implementation of priority area activities, and other activities relating to systemic change, capacity building, and advocacy to implement the responsibilities of the State Developmental Disabilities Council pursuant to section 124 [Section 122(c)(5)(A)(vi)].

B. State Financial Participation

Provide assurances that there will be reasonable State financial participation in the cost of carrying out the State plan [Section 122(c)(5)(B)].

C. Conflict of Interest

Provide assurances that the State Developmental Disabilities Council has approved conflict of interest policies as of October 1, 1994, to ensure that no member of such Council shall cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest [Section 122(c)(5)(C)].

D. Urban and Rural Poverty Areas

Provide assurances that special financial and technical assistance shall be given to organizations that provide services, supports, and other assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas [Section 122(c)(5)(D)].

E. Program Standards

Provide assurances that programs, projects, and activities assisted under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulation and all applicable Federal and State accessibility standards [Section 122(c)(5)(E)].

F. Individualized

Provide assurances that any direct services provided to individuals with developmental disabilities and funded under this plan will be provided in an individualized manner, consistent with unique strengths, resources, priorities, concerns, abilities and capabilities of an individual [Section 122(c)(5)(F)].

G. Human Rights

Provide assurances that the human rights of all individuals with developmental disabilities (especially those individuals without familial protection) who are receiving services under programs assisted under this part will be protected consistent with section 110 (relating to rights of individuals with developmental disabilities) [Section 122(c)(5)(G)].

H. Minority Participation

Provide assurances that the State has taken affirmative steps to assure that participation in programs under this part is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity [Section 122(c)(5)(H)].

I. Intermediate Care Facility for the Mentally Retarded Survey Reports

Provide assurances that the State will provide the State Developmental Disabilities Council with a copy of each annual survey report and plan of corrections for cited deficiencies prepared pursuant to section 1902(a)(31) of the Social Security Act with respect to any intermediate care facility for the mentally retarded in such State not less than 30 days after the completion of each such report or plan [Section 122(c)(5)(I)].

L. Volunteers

Provide assurances that the maximum utilization of all available community resources including volunteers serving under the Domestic Volunteer Service Act of 1973 and other appropriate voluntary organizations will be provided for, except that such volunteer services shall supplement, and shall not be in lieu of, services of paid employees [Section 122(c)(5)(J)]. Please note that the Domestic Volunteer Services Act of 1973 includes the Americorps/VISTA program and three programs collectively referred to as the National Senior Service Corps (Foster Grandparent Program, and the Retired and Senior Volunteer Program known as RSVP).

K. Employee Protection

Provide assurances that fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees [Section 122(c)(5)(K)].

L. Staff Assignments

Provide assurances that the staff and other personnel of the State Developmental Disabilities Council, while working for the Council, are responsible solely for assisting the Council in carrying out its duties under this part and are not assigned duties by the designated State agency or any other agency or office of the State [Section 122(c)(5)(L)].

M. Noninterference

Provide assurances that the designated State agency or other office of the State will not interfere with systemic change, capacity building, and advocacy activities, budget, personnel, State plan development, or plan implementation of the State Developmental Disabilities Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 124(d)(3) [Section 122(c)(5)(M)]

SECTION VI Budget Data

FEDERAL TABLE III

Projected Federal and Matching Funding Plan of Priority Area and Mandate (PAM) and Other Activities

<u>State of Montana</u>	<u>Federal Fiscal Year: 1998</u>		
<u>PRIORITY AREA</u>	<u>(A) FEDERAL SHARE</u>	<u>(B) RECIPIENTS SHARE</u>	<u>(C) TOTAL FUNDING</u>
Federal Priority Areas			
(1) Employment	\$50,000.00	\$6,100	\$56,100
(2) Community Living	\$11,000.00	\$52,805	\$63,805
(3) Child Development	\$3,000.00	\$9,500	\$12,500
(4) System Coordination Community Education	\$87,650.00	\$32,500	\$120,150
<u>(5) STATE PRIORITY AREA</u>	<u>\$110,137.00</u>	<u>\$21,050</u>	<u>\$131,187</u>
(6) Total PAM Activities	\$261,787.00	\$121,955	\$383,742

FEDERAL TABLE IV

Projected Federal and Matching Funding Plan of Priority Area and Mandate (PAM) and Other Activities

<u>State of Montana</u>	<u>Federal Fiscal Year: 1998</u>		
<u>ACTIVITIES FUNDED</u>	<u>(A) FEDERAL SHARE</u>	<u>(B) RECIPIENTS SHARE</u>	<u>(C) TOTAL FUNDING PROJECTED</u>
PRIORITY AREA & MANDATE (PAM) ACTIVITIES			
(1) DDC In-house Activities	\$141,787	\$14,550	\$156,337
(2) In Poverty Areas	\$0	\$0	\$0
(3) In Non-Poverty Areas	\$120,000	\$107,405	\$227,405
(4) Total PAM Activities	\$261,787	\$121,955	\$383,742
OTHER ACTIVITIES			
(5) Planning, Coordinating and Advocacy	\$135,410	\$0	\$135,410
<u>(6) Designated Agency Functions</u>	<u>\$5,552*</u>	<u>\$5,552*</u>	<u>\$11,104*</u>
(7) Total Projected Funding	\$402,749	\$127,507	\$530,256

*See March 7, 1997 correspondence from Region 8 Regional Director

(8) Total Federal Funding for the Designated State Agency: \$20,000

<u>Matching Requirement in DD Act Sec 125A</u>	<u>Federal Share</u>	<u>Match Factor from above</u>	<u>Match Amount</u>
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(9) 25% match	\$260962*	0.33	\$86117
(10) 10% match	\$0	0.11	\$0
(11) Calc'd Minimum Match	\$260962	0.33	\$86117

*\$402,749 - \$141,787 = \$260,962

SECTION VII

Appendices

APPENDIX ONE

FEDERAL INFORMATION REGARDING MEMBERSHIP OF THE MONTANA DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL

The following chart provides a listing of the names, relationships to Montana and federal law regarding membership, dates of appointment and expiration of terms.

FEDERAL STATUTORY MEMBER	NAME	POSITION	APPOINTMENT TERM DATE	EXPIRES
Rehabilitation Act	Vicki Turner	Agency Representative for PHHS Disability Services Division	1995	Term of Director
Individuals with Disabilities Education Act	Robert Runkel	Agency Representative from OPI	1988	Term of Superintendent
Older Americans Act	Charlie Rehbein	Agency Representative for PHHS Senior and Long Term Care Division	1995	Term of Director
Title XIX of the Social Security Act	Cary Lund	Agency Representative from Department of Public Health and Human Services	1993	Term of Director
Higher Education Training Facilities	Timm Vogelsberg	Montana University Affiliated Rural Institute on Disabilities	1994	2002
Each UAP or Satellite	Timm Vogelsberg	Montana University Affiliated Rural Institute on Disabilities	1994	2002
Protection & Advocacy System	Allen Smith	Montana Advocacy Program	1995	2002
Local	Paula Holdeman	Region I Representative	1997	2003

Agencies	Tom Green Florence Massey Othelia Schulz Tom Price	Region II Representative Region III Representative Region IV Representative Region V Representative	1997 1993 1993 1989	2003 2003 2003 2003
Non-Governmental Agencies	Robert Tallon	MAIDS	1987	2002
Private Non-Profit Organizations	Robert Tallon	MAIDS	1987	2002
Persons with Developmental Disabilities	Vern Anderson	Person with a developmental disability	1996	2002
Parent or Guardian of Persons with Developmental Disabilities (other than below)	Tom Price Tom Green Judy Rolfe Kenny Kaline	Parent Parent Parent Parent	1989 1996 1991 1995	2002 2003 2002 2003
Relative /Guardian of Persons with mentally impairing Developmental Disabilities	Peyton Terry Paula Holdeman Florence Massey Vonnie Koenig Wally Melcher DuWyne Geist Vicki Turner	Parent Parent Parent Parent Parent Parent Sister in law	1985 1997 1993 1981 1991 1996 1995	2003 2003 2003 2002 2002 2002 Term of Director
Relative/Guardian of Ever Institutionalized Person with Developmental Disability	Othelia Schulz Vicki Turner	Parent Sister in law	1993 1995	1/1/97 Term of Director
Other	Bob Lawson Sharon Estrada Cort Harrington Allen Hartman	Representative of the House of Representatives of the State of Montana Representative of the Senate of the State of Montana Attorney Representative Physician Representative	1997 1997 1988 1971	1998 1998 2002 2002

APPENDIX TWO

STATE OFFICE OF PUBLIC INSTRUCTION/DIVISION OF SPECIAL EDUCATION Statewide Special Education Child Count Taken December 1, 1996 By Disability

	CD	HI	DE	SL	VI	ED	OI	OH	LD	DB	MD	CW	AU	TB	TOTAL
ALL STUDENTS	1368	149	38	3441	82	1135	69	662	9573	19	151	1732	90	64	18573
% K&B FORMULA (FED)	0.4	0	0	0	0	0.09	0.75	0	0	1	1	1	1	1	
TOTAL K&B	547	0	0	0	0	102	51	0	0	19	151	1732	90	64	2757

% K&B FORMULA (STATE)	0.4	0	0	0	0	0	0	0	0	0.75	1	1	1	0.25	
TOTAL K&B	547	0	0	0	0	0	0	0	0	14	151	1732	90	16	2550
CD	Cognitive Delay									LD					
HI	Hearing Impairment									DB					
DE	Deafness									MD					
SL	Speech Language Impairment									CW					
VI	Visual Impairment									AU					
ED	Emotional Disturbance									TB					
OI	Orthopedic Impairment														
OH	Other Health Impairment														

APPENDIX THREE

RESULTS OF THE PUBLIC REVIEW AND COMMENT OF THE 1998 - 2000 GOALS, OBJECTIVES AND ACTIVITIES OF THE MONTANA STATE PLAN FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

To Those Interested In Services To Persons With Developmental Disabilities
 From State of Montana Developmental Disabilities Planning and Advisory Council
 Re Opportunity for review and comment on the 1998 - 2000 Montana State Plan

We are sending this Council approved version of the goals, objectives and activities to members of the public, providers, state agencies and other interested persons asking for your comment on the proposed Montana State Plan for Persons with Developmental Disabilities for 1998 - 2000. (To receive an advance copy of the complete 1998 - 2000 Plan, please contact the Council office.)

While the Council has given preliminary approval of this version of the goals, objectives and activities, the Plan remains open to revision if significant comment is made regarding any of the proposed goals and objectives. We ask that you review the attached, complete the survey by commenting on each of the activities within the Plan and return your results to us not later than July 25, 1997. The planning committee of the Council will review the input and determine whether or not to make any final changes prior to the August 15th submission date.

We encourage you to comment on the Council's effort to ensure that your voice is heard. This material is available in large print or other accessible formats by request to the Council. Please call our offices at the number listed above.

1998 - 2000 GOALS, OBJECTIVES AND ACTIVITIES OF THE MONTANA STATE PLAN FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Goals, Objectives and Activities
of the
1998 - 2000
Montana State Plan
for

Persons with Developmental Disabilities

The Council's overall focus for the three year Plan will fall within the State Priority Area of advocacy. All issues addressed through the goals, objectives and activities of the Council will be completed through efforts that are clearly associated with empowering persons with disabilities and their families.

THREE YEAR GOAL FOR COMMUNITY LIVING

Persons with developmental disabilities will live in communities of their choice and be a contributing and full member of that community. All activities of the Council, whether completed through Council grants or by internal Council activities will focus on improving choice and control.

**Montana Conference on Developmental Disabilities
(Plan Year 1,2,3)**

To increase the number of persons with developmental disabilities, direct care staff and family members in attendance at the Montana Conference on Developmental Disabilities by not less than 3% per year from 40 to 42, 250 to 264 and 17 to 19 respectively over the three year period ending 9/30/2000.

1998 ACTIVITIES (PROJECTED)

Send registration materials to People First! and all identifiable parent organizations encouraging their participation in the Conference.

Provide reimbursement for direct care staff and family members through the grant to DDP and to persons with developmental disabilities through People 1st project.

OUTCOME MEASURE

Count of persons with developmental disabilities, family members and direct care staff registered each year for the Conference.

1998 FUNDING

STATE \$25,000 COUNCIL \$10,000 OTHER FEDERAL \$0 TOTAL \$35,000

- ____ GOOD IDEA, KEEP IT
____ GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS
____ IT COULD BE BETTER, MODIFY THIS TO READ:

BAD IDEA, LEAVE IT OUT

TEACHNET Project

(Plan Year 1,2,3)

To increase usefulness and value of TEACHNET (an internet and paper based listing of training events, conferences and workshops applying to all human services populations) by increasing the number of agencies (state and private) requesting publication of training events, workshops and conferences by at least 5% and by increasing the number of training events, conferences and workshops listed in the publication by not less than 5% over a three year period ending 9/30/2000.

1998 ACTIVITIES (PROJECTED)

Establish annualized funding from human services agencies and organizations.

Establish METNET and corresponding web page to supplant paper based system.

OUTCOME MEASURE

Complete an annual count of the number of agencies contributing TEACHNET entries.

Complete an annual count of the number of TEACHNET entries.

When the system is operational on the Internet, complete an annual count of the number of "hits" on the home page.

1998 FUNDING

STATE \$7,000	OTHER FEDERAL \$4,500	COUNCIL \$1,000	TOTAL \$12,500
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GOOD IDEA, KEEP IT

GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

IT COULD BE BETTER, MODIFY THIS TO READ:

BAD IDEA, LEAVE IT OUT

Hotel Accessibility Project

(Plan Year 1)

In partnership with the MUARID, MAP, the four Montana Independent Living Centers, the Montana Innkeepers Association (MIA), PHHS/DSD, increase the number of hotel and motel properties receiving and using accessibility information generated through the project by a minimum of 3 sites by December 31, 1998.

1998 ACTIVITIES (PROJECTED)

Create and disseminate an accessibility status survey to be completed by members of the MIA.

Disseminate materials regarding hotel accessibility to MIA and individual properties to encourage change and promote education.

Work with the MIA to ensure that members have completed and updated ADA surveys and barrier removal plans.

OUTCOME MEASURE

Meeting performance levels established in the objective above.

1998 FUNDING

STATE \$0	COUNCIL \$0	OTHER \$0	TOTAL \$0
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GOOD IDEA, KEEP IT

GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

IT COULD BE BETTER, MODIFY THIS TO READ:

BAD IDEA, LEAVE IT OUT

Donated Dental Service Program

(Plan Year 1,2,3)

To decrease the number of persons with developmental disabilities reporting a need for dental care (as identified by casemanagers) by 10% from appropriately 250 (identified in baseline) and to recruit not less than 15% of the dentist members of the Montana Dental Association (450) to provide services over a three year period as a result of the creation and implementation of a statewide volunteer dental service by June 30, 2000.

1998 ACTIVITIES (PROJECTED)

Participation in the program of not less than 67 dentists providing care to at least one person.

OUTCOME MEASURE

Meeting performance levels established in activities above.

1998 FUNDING

STATE \$20,805	COUNCIL \$0	OTHER FEDERAL \$0	TOTAL \$20,805
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GOOD IDEA, KEEP IT

GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

IT COULD BE BETTER, MODIFY THIS TO READ:

BAD IDEA, LEAVE IT OUT

THREE YEAR GOAL FOR CHILD DEVELOPMENT

To strengthen and provide assistance to families of children with developmental disabilities by improvements in service delivery and policies governing services at the national, state and local levels.

Child and Family Summer Institute

(Plan Year 1,2,3)

Of the 60 - 80 persons attending the annual Child and Family Services Summer Institute all will report an overall level of satisfaction with the subject matter and

results of the Institute of not less than 75%. The Institute will provide state of the art training for Family Support Specialists of Child and Family Service providers, assisting them in the development of new skills relating to services to children and their families.

1998 ACTIVITIES (PROJECTED)

Identify speaker/workshop leader based upon results from previous participants.

Conduct participant evaluation of the Institute.

OUTCOME MEASURE

All participants rank their overall impression of the Institute at least 75% favorable.

1998 FUNDING

STATE \$9,500 COUNCIL \$3,000 OTHER FEDERAL \$0 TOTAL \$12,500

_____ GOOD IDEA, KEEP IT

_____ GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

_____ IT COULD BE BETTER, MODIFY THIS TO READ:

_____ BAD IDEA, LEAVE IT OUT

THREE YEAR GOAL FOR EMPLOYMENT

Persons with developmental disabilities will be employed in a position of their choice most appropriate to their needs and abilities.

Montana Career Design Initiative

(Plan Year 1)

To provide state of the art training in supported employment and positive behavior change for staff of not less than three rural private non-profit service providers resulting in at least a 10% increase in the number of persons in those agencies who are employed in jobs of their choice and to provide training for not less than 50 persons statewide, in five regional sites, (staff of private non-profit service agencies, family members, state agency staff and others) in the development and implementation of Social Security PASS Plans resulting in the completion of not less than 15 PASS Plans being accepted by Social Security by December 31, 1998.

1998 ACTIVITIES (PROJECTED)

Establish at least one new site for MCDI training in the eastern half of the state.

Provide training individualized to the needs of the different sites.

Contractor conducts training.

Contractor monitors the writing and acceptance of PASS Plans.

Conduct a presentation at the Montana Conference on Developmental Disabilities regarding PASS Plan training prior to sessions being held.

OUTCOME MEASURE

Count of the number of persons employed through participating agencies.

Count of the number of persons receiving PASS training.

Count of the number of PASS plans accepted by Social Security.

1998 FUNDING

STATE \$6,100 COUNCIL \$50,000 OTHER FEDERAL \$25,000 TOTAL \$56,100

_____ GOOD IDEA, KEEP IT

_____ GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS
_____ IT COULD BE BETTER, MODIFY THIS TO READ:

_____ BAD IDEA, LEAVE IT OUT

THREE YEAR GOAL FOR SYSTEM COORDINATION/COMMUNITY EDUCATION

Persons with developmental disabilities and their families will have access to the services and supports they need as a means of achieving full integration in to the community.

Developmental Disabilities System Strategic Plan (Plan Year 1,2)

With the funding and coordination of the Council and the support and cooperation of all system members in the state (persons with developmental disabilities, families, service providers, state agencies and advocacy groups, the Montana developmental disabilities system will continue the process of creation of a system wide strategic plan to be completed before July 1, 1999.

1998 ACTIVITIES (PROJECTED)

Conduct quarterly meetings of the 64 member Task Force.

Identify issues requiring further review by the Task Force, conduct appropriate research based upon the issues and make recommendations for inclusion into the plan.

Identify issues of interest to the Task Force that overlap with areas of interest to DDPAC for inclusion into the Montana State Plan for Persons with Developmental Disabilities.

OUTCOME MEASURE

Submit a written strategic plan for services to the Department and the developmental disabilities system outlining recommendations for changes and improvements to the Montana service system.

To incorporate and address not less than three of the prioritized issues identified in the recommendations of the Task Force into the Montana State Plan for Persons with Developmental Disabilities as submitted by DDPAC by July 1, 1999.

1998 FUNDING

STATE \$10,000 COUNCIL \$42,000 OTHER \$0 TOTAL \$52,000

Project is operated through the Council.

_____ GOOD IDEA, KEEP IT

_____ GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

_____ IT COULD BE BETTER, MODIFY THIS TO READ:

_____ BAD IDEA, LEAVE IT OUT

Public Forums on Developmental Disabilities Services (Plan Year 1,3)

To conduct not less than five public forums on needs within the developmental disabilities system in Plan Years 1 and 3, increasing the number of participants in the forums and the use of the forum results by agencies involved in the planning for services for persons with developmental disabilities across the state.

1998 ACTIVITIES (PROJECTED)

Plan for and conduct public forums at the Montana Conference on Developmental Disabilities, the Montana Parent Conference and at least three additional sites in regions 1,2 and 5, before November 30 of Plan Years 1 and 3.

Disseminate the results in written form to PHHS/DDP, OPI Special Education Division, State CSPD, the Montana Association of Independent Disability Services, MUARID, MAP and regional councils before December 31 in Plan Years 1 and 3.

OUTCOME MEASURE

To increase the number of participants in the Public Forums by not less than 10% from the baseline year of 1995 (185) persons in Plan Years 1 & 3. (410 total across both years).

1998 FUNDING

STATE \$0 COUNCIL \$2,500 OTHER FEDERAL \$0 TOTAL \$2,500

Project is operated through the Council.

_____ GOOD IDEA, KEEP IT

_____ GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

_____ IT COULD BE BETTER, MODIFY THIS TO READ:

_____ BAD IDEA, LEAVE IT OUT

Regional Council Support and Grant Project (Plan Year 1,2,3)

To provide technical assistance and information to the five regional developmental disabilities councils resulting in an increased ability of the councils to advise the Department, provider agencies and others concerning service needs in each of the five geographical areas.

1998 ACTIVITIES (PROJECTED)

Provide orientation manuals for new council members.

Assist in recruiting new council members.

Provide assistance to councils regarding regional council funded projects requiring State Council staff time and expertise.

Maintain relationships between the five councils and the State Council.
Assist, in collaboration with DDP and other system members in the development of new activities for council involvement and an examination of the policies and procedures of councils as a result of changes in state law eliminating the mandate for regional councils.

OUTCOME MEASURE

Increase membership of councils by 5% over a three year period ending September 30, 2001

1998 FUNDING

STATE \$12,500	COUNCIL \$30,000 + \$12,150	\$42,150	OTHER \$0	TOTAL \$64,650
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GOOD IDEA, KEEP IT

GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

IT COULD BE BETTER, MODIFY THIS TO READ:

BAD IDEA, LEAVE IT OUT

Head Injury Conference

(Plan Year 1,2,3)

Provide state of the art training to 100 persons with traumatic head injuries and their family members regarding the availability of service, access into services and current techniques in service provision by July 1 of each plan year.

1998 ACTIVITIES (PROJECTED)

Conduct a written evaluation of conference participants to determine their overall level of satisfaction with the scope and subject matter of the conference

OUTCOME MEASURE

80% of the family members and persons with TBI attending the conference will report an overall satisfaction level of 75% or greater on the conference evaluation form.

1998 FUNDING

STATE \$10,000	COUNCIL \$1,000	OTHER FEDERAL \$0	TOTAL \$11,000
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GOOD IDEA, KEEP IT

GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

IT COULD BE BETTER, MODIFY THIS TO READ:

BAD IDEA, LEAVE IT OUT

THREE YEAR GOAL FOR ADVOCACY (State Priority)

To assist persons with developmental disabilities and their families to acquire the skills and knowledge of the service system necessary to allow them to assist in the development of their own service plans and the development of the Montana service system.

People First!

(Plan Year 1,2,3)

To provide for the support of the five existing Montana People First! organizations, the addition of not less than one chapter in the state and to increase their membership by not less than 5%, or 7 members over their current membership of 130 members by December 31, 2001.

1998 ACTIVITIES (PROJECTED)

To identify areas of the state most in need and most capable of organizing and supporting a People First! chapter.

Provide training and support to one new chapter through one or more of the existing chapters.

Continue recruitment of new members for the existing chapters.

OUTCOME MEASURE

Count of the increased number of persons joining People First at the end of each grant period.

Addition of one chapter prior to the end of Plan Year 3.

1998 FUNDING

STATE \$16,500 COUNCIL \$25,000 OTHER FEDERAL \$0 TOTAL \$41,500

_____ GOOD IDEA, KEEP IT

_____ GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

_____ IT COULD BE BETTER, MODIFY THIS TO READ:

_____ BAD IDEA, LEAVE IT OUT

Partners In Policymaking

(Plan Year 1,2,3)

To increase the number of Partners in Policymaking graduates in the state by at least 15 persons and to increase the number of partner graduates from previous years active within system related advocacy groups (regional councils, State Council, Systems Advocacy Committee Family Support Services Advisory Council, state or regional CSPD Councils, Special Education Advisory Panel, developmental disabilities service provider boards of directors, among others by December 31, 2000.

1998 ACTIVITIES (PROJECTED)

Recruit 10 - 12 persons, including persons with developmental disabilities for enrollment in Partners each year of the Plan.

Conduct six sessions of Partners for each year of the Plan.

Provide programmatic and technical support for graduates of past Partners classes to

assist them in conducting activities in their own communities.

OUTCOME MEASURE

Count of the number of graduates of Partners for each year

Count of the number of Partner graduates serving as members of regional councils, State Council, Family Support Services Advisory Council, Systems Advocacy Committee, state or regional CSPD Councils, Special Education Advisory Panel, developmental disabilities service provider boards of directors in each year of the Plan.

1998 FUNDING

STATE \$0	COUNCIL \$25,000 + \$12,150	\$37,150	OTHER \$0	TOTAL \$37,150
Project is operated through the Council.				

GOOD IDEA, KEEP IT

GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

IT COULD BE BETTER, MODIFY THIS TO READ:

BAD IDEA, LEAVE IT OUT

Montana Parent Conference

(Plan Year 1,2,3)

After receiving training regarding advocacy, state of the Montana system for service provision, information regarding individual service providers and the Montana Legislature, 100% of the 150 family members will report an overall level of satisfaction of not less than 80% with the results of the conference.

1998 ACTIVITIES (PROJECTED)

Conduct the 1997 Montana Parent Conference in October 1997.

Based upon the expressed satisfaction of the 1997 conference determine the value of continuing the Conference in subsequent years.

OUTCOME MEASURE

Establish attendance at the 1997 Conference

Evaluation of satisfaction of persons attending the 1997 conference

1998 FUNDING

STATE \$3,750	COUNCIL \$30,000 + \$12,150	\$42,150	TOTAL \$42,150
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Project is operated through the Council.

GOOD IDEA, KEEP IT

GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

IT COULD BE BETTER, MODIFY THIS TO READ:

BAD IDEA, LEAVE IT OUT

Developmental Disabilities Education/Awareness Activities

(Plan Year 1,2,3)

Annually, the Council, in cooperation with the Family Support Services Advisory Council, the five regional councils, MAIDS, MAP, MUARID, PLUK and other service and advocacy organizations will develop and implement initiatives to educate the public, inform those families and individuals in need of services and other human services systems regarding the needs of persons with developmental disabilities and the programs available for them in Montana.

1998 ACTIVITIES (PROJECTED)

Meet with all involved agencies from across Montana to develop a cooperative public education/awareness plan for the state by December 31, 1998.

Increase the number of participants in the Council sponsored "Developmental Disabilities Awareness Poster Contest" by 10% to 250 by December 31, 2000.

Send out contest materials to all provider agencies and school districts annually.

Staff and plan for the Annual Montana Developmental Disabilities Service Awards conducted in conjunction with the Montana Conference on Developmental Disabilities.

OUTCOME MEASURE

Count of the number of initiatives planned by system for a public awareness plan.

Count of the number of entries each year of the contest.

1998 FUNDING

STATE \$800 COUNCIL \$1,787+ \$4,050 \$5,837 OTHER \$0 TOTAL \$6,637

Project is operated through the Council.

GOOD IDEA, KEEP IT

GOOD IDEA, BUT THIS IS NOT THE RIGHT TIME OR WAY TO DO THIS

IT COULD BE BETTER, MODIFY THIS TO READ:

BAD IDEA, LEAVE IT OUT

FINALLY, ARE YOU (CHECK ALL THAT APPLY):

A PERSON WITH A DISABILITY

A VOLUNTEER OR ADVOCATE

A PARENT OR FAMILY MEMBER

A SERVICE PROVIDER

AN EMPLOYEE OF A STATE AGENCY

OTHER (PLEASE SPECIFY)

APPENDIX FOUR

Council Grants Awarded in FFY 1997

GRANTEE	PROJECT	GRANT AMOUNT	PURPOSE
STEP	Parents as Casemanagers	\$24,896.00	Will pilot concept of parents as case managers in C&FS services
Contact: Joan Graumann			

			in Region 3
PLUK	Partners	\$25,750.00	Fourth year of Partners
Contact: Kathy Kelker 657-2055	/Greg Olsen 444-1334		
PLUK	Transition Information Project	\$9,438.00	Educate parents regarding possibilities for persons on waiting list, including entrepreneurial models for vocational training
Contact: Kathy Kelker 657-2055			
BSW/Bill Johnson	Marketing	\$20,000.00	Marketing products of providers through a central source with development of new products and exposure to national markets.
Contact: Bill Johnson			
DDP/PHHS	Med Manual Printing	\$7,500.00	Will print med manual and purchase prescription drug guides
Contact: Perry Jones 444-2995			
Montana Center	FAS Education	\$30,000.00	Will provide training to teachers and others regarding effective training strategies for kids and adults with FAS/FAE
Contact: MV Morton			
DDP/PHHS	Video for Health Care Professionals	\$13,528.00	Will create a video for medical professionals providing information for them in their service provision
Contact: Daphne Crosbie 444-2995			
Region 3 DDP & Providers	Facilitated Skills Development	\$16,769.00	Training for staff in facilitation skills and the use of cooperative/collaborative learning as a problem solving strategy.
Contact: Suzn Gehring 248-4801			
MUARID	Montana Career Design Initiative	\$40,000.00	Provide staff training to improve vocational outcomes for persons not generally responding to traditional methods
Contact: Cary Griffin 243-5467			
MCAC People 1st	People First Project	\$20,000.00	Operational expenses and funding for People First! conference in 97.
Contact: Colleen Nichols			
Council	Family/Parent Conference	\$30,000.00	Sponsoring a conference for parents/families in August of 1997 in Helena
Contact: Robin Homan 444-1334			
Council	Consumer Satisfaction Survey	\$1,000.00	Mailing costs
Contact: Greg Olsen 444-1334			

Council Contact: Greg Olsen 444-1334	Managed Care Workshop	\$5,000.00	Costs associated with sponsoring a managed care workshop October 15 and 16, 1996 in Helena.
DDP/PHS Contact: Perry Jones 444-2995	MCDD	\$10,000.00	Costs associated with reimbursement of direct care staff attending MCDD
DDP/PHS Contact: Greg Olsen 444-1334	Regional Councils Grants	\$40,000.00	\$8000 per Council for 1997
MAIDS Contact: Greg Olsen 444-1334	Service Awards	\$500.00	Costs for awards ceremony
DDD Contact: Greg Olsen 444-1334	Regional Councils Operations	\$10,000.00	Supplement to available funds for regional council members
MUARID Contact: Ted Maloney 243-5467	Summer Institute	\$3,000.00	Payment for speaker at week long workshop
COUNCIL	Staff Position Contact: Greg Olsen 444-1334	\$40,000.00	Council staff position including benefits
MHIA Contact: MHIA	Head Injury Conference	\$1,000.00	Costs associated with speaker at MHIA conference

APPENDIX FIVE

NEEDS OF THE SYSTEM IDENTIFIED BY PUBLIC FORUMS

During the Fall of 1995, the Council sponsored a series of ten public forums on the needs of persons with developmental disabilities in Montana. (The Council has now held or sponsored public forums every two years for the since 1989.) Approximately 235 persons attended the forums. Persons present for the meetings represented people with developmental disabilities, parents, staff and administrators of service providers, members of regional councils, case management staff, teachers and legislators.

Estimates of the percentage of persons attending the meetings from each of these groups is as follows:

PERCENTAGE ATTENDING BY SYSTEM ROLE

Parent	31%
Person with a disability	7%
Provider Administration	8%
Case Manager	10%
School	5%
Direct Care	22%
Other	17%

The purpose of the forums was to generate public comment regarding system needs that would serve as input to the Council for future planning purposes and as a test for current plans of Montana agencies and organizations to determine whether or not those plans would meet the needs of those receiving services.

The following is a condensed listing of the results of the forums. They are not listed in terms of priority. Items marked (•) have been or are planned to be addressed by one or more member groups within the system over the last two years or have been identified to be partially or fully addressed in the next 2-3 year period. The degree of the system's efforts to address each of the issues varies considerably from issue to issue. A report of the forums that provides more specific detail regarding forum issues is available from the Council.

- Funding for expansion and elimination of waiting lists
- Development of a crisis response system
- Increasing the information available, awareness of and education about developmental disabilities and the people and services that are a part of this system
- Increase salaries of direct care staff
- Increase quantity and quality of transportation
- Improve transition planning and services
- Expand residential options such as supported living
- Expand supported employment programs
- Increase dollars and available providers for respite care for children and adults

Increase and further integrate recreation activities

- Create services for people who have a dual diagnosis
- Provide funding for consistent, reasonable provider rate increases

Reduce the caseload sizes of casemanagers

FOOTNOTES

¹ Braddock, Hemp and Fujiura, *The State of the States in Developmental Disabilities*, 1990, Brookes
and

June 1994, State of Montana, Department of Public Health and Human Services,
Developmental Disabilities Program.

² May 1994, State of Montana, Department of Public Health and Human Services,
Developmental Disabilities Program.

³ Knapp, S. (1986) Estimates of New Hampshire's Developmentally Disabled Population Based on Special Education Census, Unpublished data.

⁴ Brehon Institute for Human Services, June 1985. A Policy Study on the Application of a functional Definition of Developmental Disabilities in Seven Florida Programs. Tallahassee, Florida: Florida Developmental Disabilities Planning Council.

⁵ The Bylaws of the State of Montana Developmental Disabilities Planning and Advisory Council as amended

⁶ The Developmental Disabilities Assistance and Bill of Rights Act, as amended by the Developmental Disabilities Assistance and Bill of Rights Act of 1996, Public Law 104-183.

